MARTLAND STATE DEPARTMENT OF HEALTH	
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE	1, MARYLAND
9789 CERTIFICATE OF DEATH	O Dinhai

)	340%	CERTIFICATE	OI	DEATH			ייניף	74	
1	PLACE OF DEATH a. COUNTY		11	SUAL RESIDENC	E (Where deceased		ition: Reside	ence before e	dmission)
1	Anne Arundel	MARYLAND	0	. state Mary lai	nd	b. COUNTY	Arund	-1	
П	b. CITY OR TOWN (if outside corporete limits.	c. LENGTH OF STAY IN 16	C	CITY OR TOWN (IF		imits, write RUR	AL end giv	e neerest tow	n)
	write RURAL and give neerest town) Annapolis		1	Annapo	lic				
٦	d. NAME OF HOSPITAL OR INSTITUTION (if not in hosp	pitel, give street eddress)	d	STREET ADDRESS	112			e. IS RE	
ı	Anna Arundal Canaval Usa			1 010 0	D - 1			1 —	NO T
1,	NAME OF First	pital Middle	11	# 810 Sp	a Road	Month	De	-	
	DECEASED (Type or print)				OF DEATH		20	19	
į.	SEX   6. COLOR OR RACE   7. MARRIED	NEVER MARRIED   8	Ada	MS OF BIRTH	lg. AGE	(In years   IF U	NDER 1 YEA		24 HRS.
	7. Invente	THE SEW MUNICIPED		4/4/03		birthdey) Moi	nths Deys	Hours	Min.
		ND OF BUSINESS OR INDUSTR	V I 11	BIRTHPLACE (County	A State or foreign	yrs.	2 CITIZEN	OF WHAT C	OLINTE
ď	one during most of working life, even if refired)	-	1	BINTIFEACE (COUNTY	y a siere, or loreign	, country;	E. CHIELIA	OI WINT	OUTTE
10		Day			Marylan	<u>d</u>	U.	S. A.	
3	FATHER'S NAME		14. 7	NOTHER'S MAIDEN N	NAME				
	Harvey Adams				?	?			
Y	<ul> <li>WAS DECEASED EVER IN U.S. ARMED FORCES?   16. :</li> <li>es, no, or unkown) [(Ifyesgive weror detes of service)]</li> </ul>	SOCIAL SECURITY NO. 17, I	NFOR	MANT		Ad dress			
	No 2	20-16-4771 Jan	100 S	T. Adams	Box218 M	achanic	svill	e. Mar	vlar
	18. CAUSE OF DEATH [Enter only one ceuse per li	ne for (e), (b), end (c).]	-		-		1 18	NTERVAL BET	WEEN
	PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Heart 1	13/	ack -	Constel	0)		11 hor	120
	420.1 DUE TO -	1			7			,	1 -
	Conditions, if any, which \ (b)	Muradias	/	Indus	ctions			lindet	121.81
	geve rise to immediate cause	your ware		7					
	(a), stefing the underlying cause lest.	tenent less	to	1/2.1		1. 11	0	+ 11A	101
	10	TRIBUTING TO DEATH BUT NO	T RELA	TED TO THE TERMIN	AL DISEASE COND	ITION GIVEN IN	V PART 1(e)	19. WAS A	UTOPSY
5	TAX III OTHER STORM CARN CORDINATORS	TABUTATO TO DEATH BUT NO	/ REE/	The Television	Ne biolitica conta	THOU OF LIVE	( , , , , , , , , , , , , , , , , , , ,	PERFO	RMED?
CEXTERNATION	The second state of the se	roles Have bellery a soliera	16.		- 1 - 8 H - 6 h-	. 10.1		YES	NO 1
CABI	OR CONTRIBUTING TI CAUSE OF DEATH	CRIBE HOW INJURY OCCURED	, (Enter	neture of injury in re	eu I ot held II of Ite	m 10. <i>)</i>			
	(IF EITHER, NOTIFY MEDICAL EXAMINER)								
MEDICAL	20c. TIME OF INJURY Month, Day, Yeer 20d. I Hour a.m. While		CE OF	INJURY (Home, ferm, set, office bldg., etc.)	20f. (City or to	wn)	(County)	(	(Stete)
Mer	p.m. 19 et work		-	1 =	11				
	21. I certify that (I) (this hospital) attended	ded the deceased from	11	22 1	192, 10.91	29	., 19.60.1	that (I) (	we) la
	6/2	9 19 6. 1, and that	1	12.					
	22e. SIGNATURE	7	T	. 4	-				DATE
	Frue W C	Plen M				AFF YS.		9/30	SIGNE
	22c. PHYSICIAN'S			2d. ADDRESS				4	
	Faye W. Allen			Cathodre	l Street	Anna	alia	Maria	and.
13	a. BURIAL, CREMATION, 236. DATE THEREOF	23c. NAME OF CEMETERY	OR CR		23d, LOCATION			MBTY I	ate)
	DEMOVAL (Specify)	Dun Lade	10	land	Lamore	Ata	Ama	mad.	
1	2011	ADDRESS ADDRESS		nyell per	D SY REGISTRAR	25b. REGISTI	AR'S SIGH	ATURE	
A	FUNERAL DIRECTOR'S SIGNATURE	AUDKES!	1		4 '61		1		
ľ	W. Karps mallingky, of	unardhum.	m	DATEC	4 01	William	S. The	ME	

TO HOST AL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after a death.

A death.

A may be retained by the hospital or attending physician.

To FUNDALL DIRECTOR: After this certificate has been signed by the attending physician and completed in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon paper regges 1 and 2 should be detached for use as the burial, cremation, or removal, and in any event, within 72 hours after death.

Pag rayothi o that we vite !

200-16-4771 James T. Adam lox216 Machinistille, Liviend

1 7 3

largians v. 1. A.

the field hallend to be the best free of the

FOR STATE HEALTH DEPT. TO DE TY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any clay is necessary, please execute the certificate, writing the word "pending" in pendi in Item 18. Give Pages 1, 2, and 3 to the said in items of a should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages and 2 with the State Board of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after geath.

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 9783

AQU'U

1. PLACE OF DEATH e. COUNTY		2. USUAL RESIDEN	NCE (Where	b. COUN		esilenc	before e	denission)
Anne Arundel	MARYLAND	Ohio		B. COUR				
b. CITY OR TOWN (if outside corporate limits, write RURAL end give neerest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside co	prporete limits, write	RURAL end	give n	eerest low	n)
Pasadena	13 days	East Live			()		2	
d. NAME OF HOSPITAL OR INSTITUTION (if not in	hospital, give street address)	d. STREET ADDRESS	S		1000	4	e. IS RE	SIDENCE L FARM?
11 Magnolia Ave.		932 Flore	ence St	treet				NOT
3. NAME OF First	Middle	Last	4. DATE		1	Dey	Yeer	A PART OF THE PART
(Type or print) D			OF DEAT	TH a			10	10
Lavinono Alifed al	ders	B. DATE OF BIRTH		Septemb	er 21:	VEAD !	IF UNDER	61 24 HRS
5. SEX 6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED	, DATE OF BIRTH		lest birthday)		Deys	Hours	Min.
M Wido		/4/11		50 yrs.				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	, KIND OF BUSINESS OR INDUSTR	Th. BIRTHPLACE (Stell	le or foreign	country)			F WHAT C	OUNTRY?
Caster in a pottery f	actory.	Tennesse	96			JSA		
13. FATHER'S NAME		14. MOTHER'S MAIDER	N NAME					
Elbert Anders		Martha	E. Jac	ekson				
15. WAS DECEASED EVER IN U.S. ARMED FORCES?  (Yes, no, or unkown)   (If yes give we ror detex of service)	16. SOCIAL SECURITY NO. 17.	INFORMANT		Address				
	172 74 2700 No	- D A Andre	an last.	1-2				
Yes Is. CAUSE OF DEATH [Enfer only one cause p	er line for (a), (b), end (c).	s. R.A.Ander	CS - (MT)	re)			ERVAL BET	
PART I. DEATH WAS CAUSED BY:		an .					dden	EATH
IMMEDIATE CAUSE (e)	Coronary Occlusi	on				St	uden	
DUE TO								
Conditions, il eny, which (b)						-		
geve rise to immediate cause (e), stating the underlying DUE TO								
cause lest. (c)								
	ONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERM	MINAL DISEAS	SE CONDITION GIV	EN IN PART	1(a) 1	9. WAS A	UTOPSY
[6]						,		RMED?
E 20%, EXTERNAL CAUSE WAS   206, DE	SCRIBE HOW INJURY OCCURED.	Enter neture of injury In P	ert I or Part II	of item 18.)	-8)	1		LON
PRIMARY OF CONTRIBUTING	CHIEF HOTH HOURT D COMPANY	,						
				**************************************	10	- 1		101 13
0 200 11112		ACE OF INJURY (Home, fe tory, street, office bldg., e		City or town)	(Cou	nty)		(Stete)
Hour e.m. 19 et	work st work							
21. I certify that I took charge of the	remains described above, hi	eld an Autopsy,	Inspectio	n X Inqui	гу 🕱	and	in my o	pinion
death resulted from: Natural causes		cide . Homicide	e [],	Undetermined n	nanner [	7		
1	3	CHIEF MEDICA	LEXAMINER		bogs	wd.		
ACTUAL GENETER X	Pillon	ASSISTANT MI		hand.	22/61	r	ATE SIG	BIFD
SIGNATURE	acces as	M.D.			22/02		222 010	1425
EXAMINER'S		DEPUTY MEDIC			m			
BY REAT (Time)	bert, M.D.	Address (Street		or count@len				
ZZe, DOMINE, CHEMINE,	226 NAME OF CEMETERY O	R CREMATORY	22d, LO	CATION (City, tows	n, or country	)	(Stel	e)
Burial 26 Sept. 61	Bethesda Ch.	Cemetery	Wash	ington	Co.		Tenn,	,
The subject to Discovery	ADDRES5	24e. R	EC'D BY REG	STRAR   245. REC				
Singleton Funeral Home	Glen Burnie, M	de sussi	EP 2 8 '6	31 Ch	thur S.	Trace	4	
Nobert 1. War		1 DATE		- 1				

MARYLAND STATE DEPARTMENT OF HEALTH

VS. A15ME 5M 9/60

agritanci. . Wallenger II . carbo entire a meters where mental . Attack May trace, in the Street of the , it is the time of the second and magnifered year and a stronger in real as darred and a female maintain in the first of the fact of the

VR A15 (4)

1SM 9/59

## MARYLAND STATE DEPARTMENT OF HEALTH

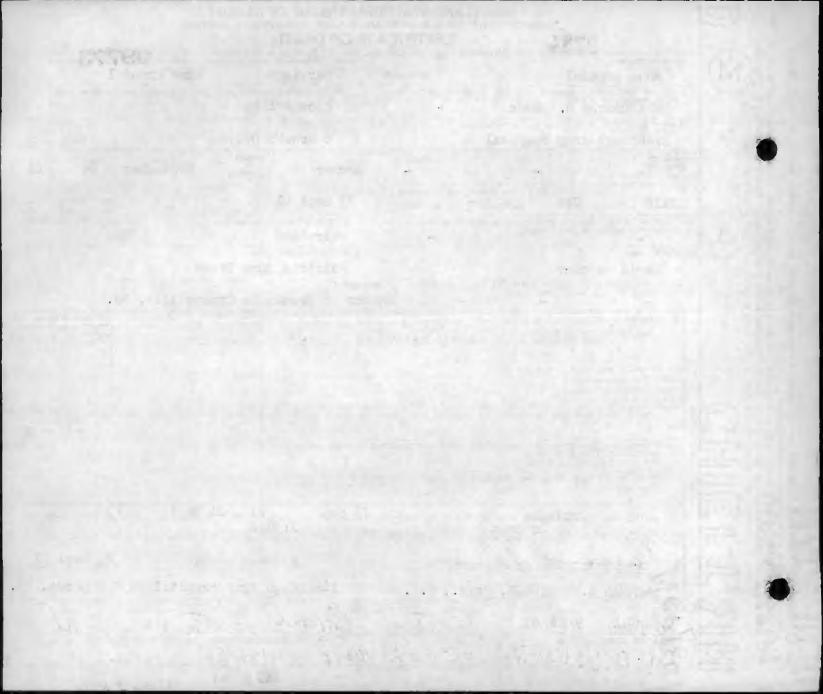
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: PLACE OF DEATH Anne Arundel o. STATE aryland Affile YArundel MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fort George G. Crownsville Meade d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? OR INSTITUTION Kimbrough Army Hospital 6 Brooks Drive YES NO A NAME OF Middle Last 4. DATE Month Year DECEASED September 61 Archer DEATH (Type or print) 19 9. AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH Days 23 Sept 61 Months Cau Male WIDOWED [ DIVORCED I 10c. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Maryland USA 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Patricia Anne Brown David Archer 17. INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address 6 Brooks Dr Crownsville, Md. Mother CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: ms 20 m IMMEDIATE CAUSE (0) **DUE TO** Conditions, if any, which (b) gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO IN 20g. ACCIDENT WAS UNDERLYING A OR CONTRIBUTING A CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY (Stole) Month. Doy, Year 20d. INJURY OCCURRED (County) factory, street, office bldg., etc.) Hour o.m. While Not while of work of work 23 Sept 24 Sept 19 61 10 21. I certify that (I) (DOCIOSORIAL) attended the deceased fram. , and that death accurred a7:30 Afram the causes and an the date stated above. 19 61 saw the pleceased alive an 24, Sept 220. SIGNATURE STAFF PHYS. ATTENDING PHYS. MED. 24 Sept Keima X M.D. 22c. PHYSICIAN'S 22d. ADDRESS Kimbrough Army Hospital Ft G G Meade. S. ROBINSON. Capt. M.C. 23b. DATE THEREOF BURIAL, CREMATION, 230 NAME OF COMETERY LOCATION City town, or county (Stote 9/26/61 25b. REGISTRAR'S SIGNATURE DATE

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CI 2 '61

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ed in by the funeral ages I and 2 should OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hour death.

4 may be retained by the hospital or attending physician.

5 TO FUNDAM DIRECTOR: After this certificate has been signed by the attending physician and complete ed in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers, ages I and 2 be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

	09774
1. PLACE OF DEATH 6. COUNTY	2. USUAL RESIDENCE (Where deceased lived, if Institution, Residence before admission)
Anne Arundel MARYLAND	Maryland Lounty Anne Arundel
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL end give neerest lown)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Annapelis 1 day	RURAL - Crownsville
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS a. IS RESIDENCE ON A FARM?
Anne Arandel General Hospital	YES NO NO
3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year
(Type or print) Upten H. F.	BAGGER DEATH Sept. 11 1961
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	DATE OF SIRTH  9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.
Male WIDOWED DIVORCED	March 6, 1886 75 yrs. Months Days Hours Min.
10e. USUAL OCCUPATION (Give kind of work done during most of working life even if ratifed)	
CARPENTER GONSTRUCTION	U MARYLAND U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
WILLIAM BAGGER	CADELIA LAWRENCE
Mar an an unlaware to the contract of the cont	INFORMANT Address
	W. C. ROLAND BRADY # 2
18. CAUSE OF DEATH (Enter only one cause por line for (a), (b), and (c).)	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) The Printeller	to Mari Illseuse uneknow
420.0 DUE TO	
Conditions, if any, which (b)	
gave rise to immediate cause (e), stelling the underlying DUE TO	
causa last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
TAT .	YES NO P
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO  200. ACCIDENT WAS UNDERLYING   200. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	. (Enter nature of injury in Part   or Part  I of item 18.)
3 20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLA	CE OF INJURY (Homa, farm, 20f. (City or lown) (County) (State)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA Hour e.m. Whila Not While at work the et work t	fory, straet, office bldg., etc.)
7	Sept. 10, 19.61 to Sept. 10, 1961, that (1) (36) las
	death occured at
22a. SIGNATURE	O.L. A.M. 22b. DATE
Parian K / M In w/n MM	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. D
28c. PHISIRIAN'S	22d. ADDRESS
NAME (Type) Edward S. Beck	71 Franklin St., Annapolis, Md.
23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	
BURIAL 9-13-61 ST. STEPHEN	IS CEM. CROWNSVILLE MD.
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
JOHN M. TAYLOR. SOUS ANNAPOLI	& MD DATESP 13 '61 areling 8. Knows

When a state of the court of the state of the A THE STATE OF THE

	978 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
Ľ.	PLACE OF DEATH  O. COUNTY  ANNE ARUNDEL MARYLAND  2. USUAL RESIDENCE (Where deceased lived. If Institution: Retidence defails admission)  O. STATE MARYLAND  D. COUNTY  A. A. CO-
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  EDGEWATER
(	APELOCH HAVEN  CAPELOCH HAVEN  CAPELOCH HAVEN  CAPELOCH HAVEN  CAPELOCH HAVEN  CAPELOCH HAVEN  CAPELOCH HAVEN
-	NAME OF DECEASED (Type or print) TACK STANLEY BRADSHAW DEATH 9 27 1961
	SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8. DATE OF BIRTH   9. AGE (In years lead birthday)   WIDOWED   DIVORCED   9-27-1924   9. AGE (In years lead birthday)   Months   Days   Haurs   Min.
**	a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY  13. PRINTER RINGER  14. S. A.
	STANLEY BRADSHAW GOLDIE DAVIS
15. (Yes	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT STANLEY BRADS HAW ## 2
	18. CAUSE OF DEATH [Enter only one couse per line to (d), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  Level Hard Was Caused BY: IMMEDIATE CAUSE (a)
	Canditions, if any, which) (b)
	gave rise to immediate couse (a), stating the underlying couse last.
CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES \( \square\) VES \( \square\)
CERTIFI	200. EXTERNAL CAUSE WAS PRIMARY FAOR CONTRIBUTING  CAUSE OF DEATH.  20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.)  Language of Death.
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stote)  Hour o. m. 9/2/18/ ot work of work o
	21. I certify that I took charge of the remains described above, held an Autopsy, Inspection, Inquiry, and find the death resulted from: Natural causes, Accident, Suicide, Homicide, Undetermined cause
	ACTUAL SIGNATURE M.D. CHIEF MEDICAL EXAMINER (
	EXAMINER'S FLISHARUH DEPUTY MEDICAL EXAMINER 9/27/6/
20	BURIAL, CREMATION, 1226. DATE THEREOF 122C, NAME OF CEMETERY OR CREMATORY 122d, JOCATION (City, Town, or county) (State)  REMOVAL (Specify) 9-29-61 ANNADO LIS NATIONAL ANNA POLIS MP
1	FUNERAL DIRECTOR'S SIGNATURE  ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

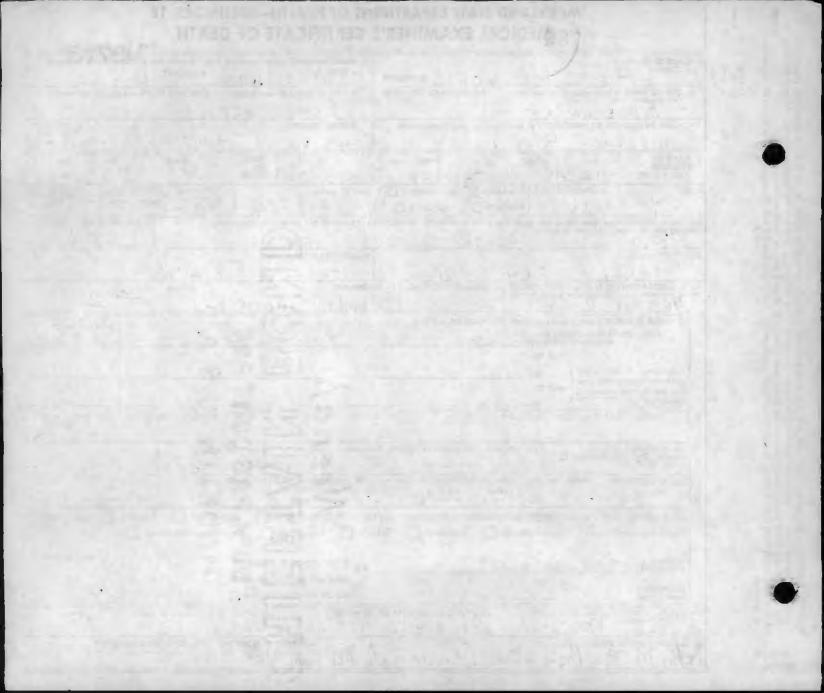
If any delay is necessary, please exehe funeral director. Page 4 should be

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delaction of artificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral forwood to the Chief Medical Examiner's Office along will farm PM3. Page 5 may be retained for your TO FUNERAL DIRECTOR: Page 3 shauld be used as a barial-transit permit. File pages 1 and 2 with the regists.

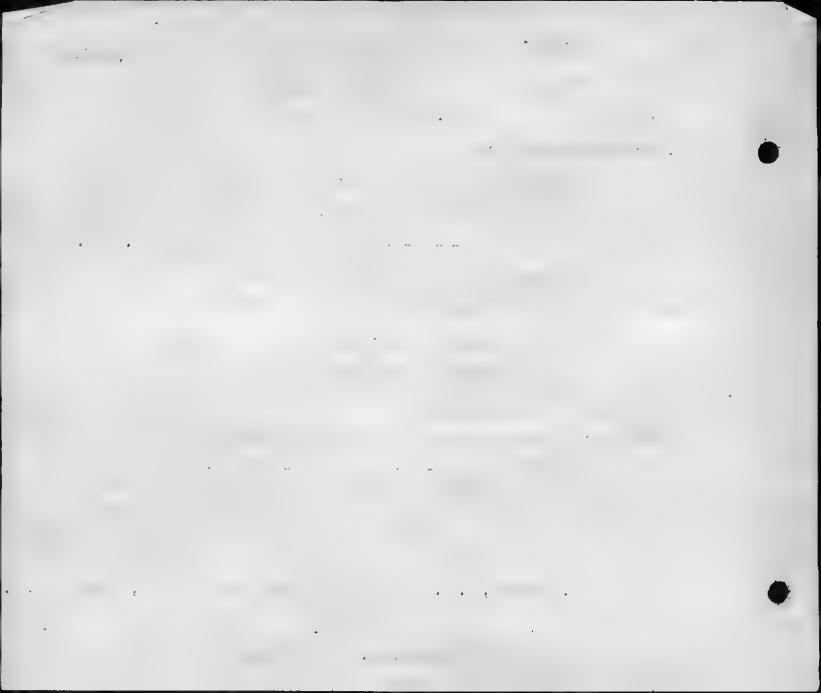
or removal.

VS. A15ME(5) 5M 9/55

Sriar to burial, crematian,



15M 9/60



1			MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	
	1		9788 CERTIFICATE OF DEATH	ist No
director	M)		PLACE OF DEATH  COUNTY  A COUNTY  MARYLAND  2. USUAL RESIDENCE (Where eleceased lived. If institution, Revide o. STATE b. COUNTY	
funeral ruld be (			b. CITY OR TOWN (If outside corporate limits, write RURAS and RURA	give nearest fown)
burs offe		L	OR INSTITUTION  OR INSTITUTION  A RUNDE (TENERA)  D. STREET ADDRESS  OR INSTITUTION	e. IS RESIDENCE ON A FARM? YES NO 2
in 24 h	7	L	NAME OF DECEASED (Type or print) Margaret 1 Middle Buckley 4. DATE OF DEATH SENT	Day Yeor 1961
npletely ers. Pa		5.	FPMILE White WIDOWED DIVORCED 1 2 JUNP 5, 1898 COSTOTE Manths	R I YEAR IF UNDER 24 HRS.  Doys Hours Min.
ond can bon pop			school teacher GAlesville Md	US A F
ficate by ysician ove carb			William Albert Woodfield Idn B. Siege	2R7°
ith certification of the certi			1. no or unknown   [If yes, give war or dates of service] - MISS 10518 NUTWELL 6	Nesville N
ne dea an plex it with			18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (cl.)  PART 1 DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  LUMOURHAGE  MEMORYMAGE  ACTUAL  MEMORYMAGE  MEMOR	ONSET AND DEATH
s that the			Conditions, if ony, which) by Hypertensive cardiorpseular disease	clears
require ion. In signed nsit pern and in a			gove rise to immediate couse (a), stating the under-lying couse last.	
The law ng physici thas bee puriol-tror emayol, a		CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PAR	RT 1(0) 19 WAS AUTOPSY PERFORMED? YES NO
lAN: 1 rending ficote the bu	V		20a. ACCIDENT WAS UNDERLYING A 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER)	
PHYSIC al or att this certi r use as emation		MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o. m. While Not while ot work of two or work to the control of	County) (Stote)
DING haspit After thed for rial, cr				lost saw the deceosed
ECTOR:	1		olive on	DATE SIGNET
TAL OF	/		PHYSICIAN'S NAME (Type)	1/19/6
May be PEUNE palled 3 show		220	BURHAL, CREMATION, 226 DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify) 9/22/61 OURKER 64 CSUILE	Mal (State)
VS A15 (4) 15M 9/55		23.	FUNERAL DIRECTOR'S RIGHATURE  ADDRESS  ADDRESS  ADDRESS  ADDRESS  ADDRESS  ADDRESS  DATE  ADDRESS  ADD	



ITY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any detay is necessary, please executions, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be the Chief Modical Examiner's Office along with farm PM3. Tage II may II retained for your first to buriot, contained as a burial-transit permit, file pages 1 and 2 with the registration of the buriot, contained and

TO DEPU	cute th	forwar	TO FUNE	or rem
	. А 5М		ME( 55	5)

MA	RYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE,	18
9789	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	r.()9/7/5/8

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission)
O. COUNTY JOINE PROVIDE! MARYLAND	o. STATE Maryland b. COUNTY Anna Arunda
b. CITY OR TOWN (If Juhida corporate limits, write RURAL c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Gam ORILLS, 40.	Millersville
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street addless)	d. STREET ADDRESS e. IS RESIDENCE
DOA. Khowa arudal sen.	Pt-2-Box 84 - Grain Hwy. VES NO DY
3. NAME OF DECEASED First Middle	Last 4. DATE Month Day Year
(Type or print) Raulena	Duser. DEATH 9 5 1861
5. SEX 6. COLOR OR RACE 7. MERCHED NEVER MARRIED   8	
WIDOWED X DIVORCED	92 July /8 78 83 yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUST during most of working life, even if retired)	TRY 11. BIRTHFLACE (Stote or fareign country) 12. CITIZEN OF WHAT COUNTRY:
Housework (tet) Own Home	Maryland U.S.A-
13. FATHER'S NAME AGUSTUS B	14. MOTHER'S MAIDEN NAME
-tras 00995	Melinia Kiter
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. III	NFORMANT Address
No 100 None 17	ts- Edith Brown Dame As 72
18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]	INTERVIC BETWEEN ONST AND DEATH
PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  INCREME	Juller
7 3 4 LA DUE TO	
Conditions, if any, which) [b]	
gove rise to immediate cause (a), sloting the underlying DUE TO	
cause lost. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	YES NO
	inter noture of injury in Port I or Port II of item 18.)
	CE OF INJURY (Home, form, age, street, office bldg., etc.) (City or tawn) (County) (Stote)
Hour o. m. 19 While St while of work of work	
21. I certify that I took charge of the regains described obo	eve, held on Autopsy . Inspection . Inquiry . and find that
death resulted from Natival sauses . Accident . Sui	cide, Homicide, Undetermined couse
1 12 1/1/2/2	
SIGNATURE O Bew Vacal	M.D. CHIEF MEDICAL EXAMINER []
= / /	ASSISTANT MEDICAL EXAMINER
EXAMINER'S F- LIUBRE	DEPUTY MEDICAL EXAMINER 9/5/6/
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR REMOVAL (Specify)	CREMATORY 22d. LOCATION (City, town, or county) (Stote)
Burial 9/8/61 Odd Fellows	Cemetery Flintstone, Md.
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
H. Wayne George, Cumberland, Md	DATE SEP 8 '81 Outhur & Huma

MAR	YLAND	STATE	DEPARTMENT	OF	HEALTH-BALTIMORE,	11

		9790		CERTIF	ICA	ATE OF DEATH		F	log. Dişt	No		
1	1. PLACE OF DEATH o. COUNTY Anne Ar	undel		MARYL	UND	2. USUAL RESIDENCE (Who state Maryland	ere deceased live	b. GOUND			ission)	3
/	b. CITY OR TOWN (If	autside corporate limi	ls, write	C. LENGTH OF STAY IN	4.19	c. CITY OR TOWN (IF or	Iside corporate	limils, write RUR	At and giv	re nearest la	wn)	-
		orge G. Mea		10 months		X Fort Geo	rge G.	Meade				
	d name of hospital or institution Kimbro	ugh Army H	ospii	oddress)		Quarters	# 1708	E		ON	ESIDENCE A FARM?	
	3. NAME OF DECEASED (Type or print)	SHI	ZUE	Middle		CALAVAN	4. DATE OF DEATH	Month Septer	nber	Doy 5	Year 19 61	ļ
1	5. SEX Female	6. COLOR OF RACE Yellow	7. MARR	NEVER MARRIED  DIVORCED		8. DATE OF BIRTH 2 Sept 1934	9. 4	GE (In years IF		YEAR IF UN		-
	100. USUAL OCCUPATION during most of work. HOUSEW	N (Give kind of work no life, even if retired	done 10b.	KIND OF BUSINESS OR	INDUS	Japan	r foreign count	γ)	12. CITIZ	EN OF WH	AT COUNTRY	ñ
	13 FATHER'S NAME Unknow	n				Hamako Shi			1			
	15. WAS DECEASED EVER (Yet. no or unknown)  - NO	IN U. S. ARMED FOR		SOCIAL SECURITY NO		NFORMANT USband-Leslie	R Calav	Address	A 0.1	s # 1'	3.6	-
	PART I DEAT  Conditions, if on gove rise to impove rise to result of the rise to result rise to rise	H WAS CAUSED BY. IMMEDIATE CAUSE (o  DUE TO  y, which he under he under  CER SIGNIFICANT CON  SUNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)  Month, Day. Ye  19  The process of the process	DITIONS C  20b DESC  20b DESC  20d In White of world decease CODO  CCHUL	CRIBE HOW INJURY OCCURRED  Not white of work  ed fram 5 Set  XXXX, and that delegations  TZ, M. D.	M BUT  CURRECT  Oe PLA  foc	NOT RELATED TO THE TERMIN  O. (Enter noture of injury in Particle), street, office bldg., etc.)  19.61, ta.5  accurred at 11:15  A.D. Kimbrough	20f (City or f	awn)  1961  1961  1961  1961  1961  1960	(Co th <b>XXPQX</b> d an the ta) ad <b>e</b> ,	PER YES I	S AUTOPSY FORMED?  (State)	e.
	220 AURIAL, CREMATION SEMOVAL (Specify) 23. FONERAL DIRECTOR'S	19/8/	161	ADDRESS	ery or	tlem 240. REC'D	BY REGISTRAR	(City, town, or of the Control of th	AR'S SIGN	MATURE	(61e)	_
	DeWill	Nana	ara	- Kaunel	<i>2</i> 4	MA DATE SE	P 1 1 '61	Cul	wy S. :	Traces		≕

VS A15 (4) 15M 9/55



CAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICAT funeral 24 hours after 1. PLACE OF DEATH a. COUNTY Anne Arundel MARYLAND b. CITY OR TOWN (if outs de corporate limits ENGTH OF STAY IN 1 write RURAL and give nearest town) Annapolis 10 days
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) wilhin Anne Arundel General Hospital executed completely NAME OF Midde DECEASED D. (Typa or print) Naomi 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX and Female White WIDOWED [ DIVORCED event, physician remove 10a. USUAL OCCUPATION (Give kind of work 106 KIND OF BUSINESS OR INDU done during most of working life, evan if retired) Editor any Western Elec.C. 13. FATHER'S NAME please death .⊆ aftending 1 Edwin R. Carlyle and 15. WAS DECEASED EVER IN J.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 Then requires that the removal, (Yes, no, or unkown) | (Ifyasgive warprdates of service) og physician. 18 CAUSE OF DEATH (Entar only one cause par line for (a), (b), and (c).] permit. PART I. DEATH WAS CAUSED BY: Generalized metas IMMEDIATE CAUSE (a) physician: The law required to the hospital or attending physicials this certificate has been signed of for use as the burial-transit posed for use as the burial-transit posed for use as the purial-transit posed for use as the purial transit posed for transit posed for use as the purial transit posed for transit pose **DUE TO** Cancer of the evar Conditions, if any, which gave rise to immediata causa DUE TO (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT CERTIFICATION 20a. ACCIDENT WAS UNDERLYING UP CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 206. DESCRIBE HOW INJURY OCCJ may be retained by the DIRECTOR: After this 3 should be detached for 20c. TIME OF INJURY Month, Day, Year 20d. NJURY OCCURRED Not While Hour am at work at work P.IN 21. I certify that (I) (this crossing) attended the deceased fro 23. 1961 and f saw the deceased alive on .... aje 22a, SIGNATURE director, page 3 s FUNERAL 22c. PHYSICIAN'S NAME (Type) Arthur Lankford, Jr. death. 23a. BURIAL, CREMATION, 23b DATE THEREOF 1 23c NAME OF CEMETER REMOVAL (Specify) Ö Woodlawn FUNERAL DIRECTOR ADDRESS VR A15 (4) 15M 9/60 Catonsville-28-

MARYLAND STATE DEPARTMENT OF HEALTH

E OF DEATH	09780
2. USUAL RESIDENC	E (Where deceased lived, If institution, Residence before admission)
a. STATE	b. COUNTY
	ryland Anne Arundel
X	outside carporata limits, write RURAL and give nearast town)
Pas	sadena
d. STREET ADDRESS	a. IS RESIDENCE ON A FARM?
259	Meadow Road  Meadow Road  Month  Day  Year
Last	4. DATE Month Day Year
CARLYLE	DEATH September 24 1961
B. DATE OF BIRTH	9, AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days Hours Min.
January 7, 19	
STRY II BIRTHP, ACE (Count	y & State, or fore.gn country) 12. CITIZEN OF WHAT COUNTRY?
	- TI C
Maryla Maryla	and U.S.
14. MOTHER'S MAIDEN	AME
Beulah Po	
INFORMANT	Address
Edwin R. Cample	Jus 020 Vandaminad Pd. 20 Md
DONTH NO CHINE	Jr; 928 Vanderwood Rd; 28, Md
1 . 1	ONSET AND DEATH
tatic carcinom	atosis 6 months
y	la years.
NOT RELATED TO THE TERMIN	ALD SEASE CONDITION GIVEN IN PART 1(a) 19. WAS ALTOPSY
	PERFORMED?
DEB OF C	
RED. (Enter natura of injury in P	art For Part 16 of Hem 18.)
PLACE OF INJURY (Home, farm,	, 20f (City or town) (County) (Stata)
factory, street, office bldg , etc )	
Aug. 7 1	1067 . Sant 22 1067 4 (1) (m)
	1961, toSept23., 1961, that (I) (MOR) last
nat death occured at	M, from the causes and on the date stated above.
ATTENDING 7:35	A.M. 226. DATE
M D. PHYS. DI	NED. STAFF 9/25/61
22d. ADDRESS	
2934 Mauni	tain Road, Pasadena, Md.
RY OR CREMATORY	23d. LOCATION (City, town or county) (Stata)
Cemetery	Baltimore Co: Maryland -
25a. REC	D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
	27161

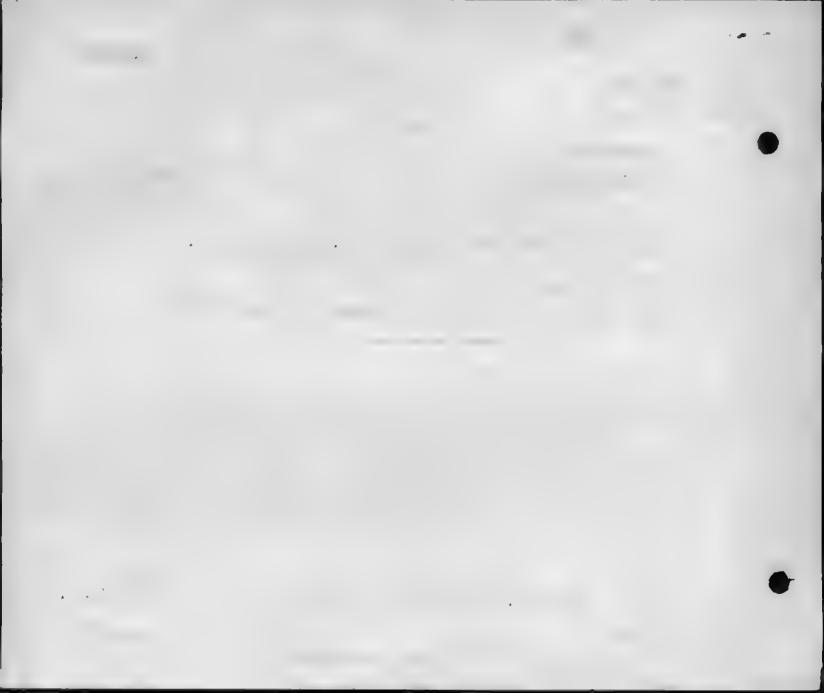
FOR STATE HEALTH DEPT. director. Page for your files. TO DEPU MEDITIAL EXAMINED This certifical should be executed within 14 hours after death. If any deal please execute the certificate, writing the word "pending" in pendil in Item 18. Give Pages 1, 2, and 3 to the furth 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained TO PUNERAL DIRECTOR, Page 3 should be used as a buriel-transit permit. File pages 1 and 2 with the State for its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours piling death. VS. AISME

5M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 9792 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	PLACE OF DEATH  6. COUNTY		CE (Where decessed lived, If institution, residence before edmiss on)
1	Anne Arundel Marylani	Same	Same
	b. CITY OR TOWN (if outside corporetemits.  write RURAL and give neerest fown)	Ib c CITY OR TOWN (I	foutside corporate limits, write RURAL and give nearest town)
	Glen Burnie 1 year	X St	ame
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite, give street eddress)	d STREET ADDRESS	a. IS RESIDENCE
	11 Brooks Terrace	Same	ON A FARM? YES \( \text{NO} \) NO \( \text{XC} \)
3.	NAME OF First Middle DECEASED	Lasi	4. DATE Month Day Year
1	(Type WIIliam Thomas Carter		DEATH September 7th 19 61
	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.
1	* ******	5/5/81	80 yrs. Months Days Hours Min.
10a	WIDOWED K D VORCED L		
	ne during most of working life, even if retired)		
13.	Laborer on the farm FARMING	St. Mary's	County, Md. USA
	Frank Carter	?	
	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17	7. INFORMANT	Address
(Ye	s, no, or unkown) (lifyesgivewarordatesofservice) 220-26-4858	Thomas James	Conton (con)
-	No 18. CAUSE OF DEATH   Enter only one cause per line for (a), (b), end (c).]	THOMAS SAMES	INTERVAL BETWEEN
	BART I DEATH WAS CAUSED BY		ONSET AND DEATH
	MMEDIATE CAUSE (a) General Arterios	sclerosis	
	260X DUE TO		
	Conditions, if any, which ) (b) Diabetes		?
	gave rise to immediate cause (e), stating the underlying DUE TO		
	cause last. (c)		
Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTR.BUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL D. SEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY
Αĭ			PERFORMED? YES NO TO
FIC	20a, EXTERNAL CAUSE WAS   20b. DESCRIBE HOW INJURY OCCURE	D. (Enter nature of injury In Parl	t I or Part II of tem 18.)
CERT	PRIMARY OF CONTRIBUTING CAUSE OF DEATH.		
¥	20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED , 20o.	PLACE OF INJURY (Home, farm	n, 20f (City or town) (County) (State)
MEDICAL	Hour a.m.	factory, street, office bldg., etc.	31
₹ .	p.m. 19 at work et work	1.11	
	21 I certify that I took charge of the remains described above,		
	death resulted from: Natural causes 🗽 . Accident 🔝 . S	iurcide, Homicide	Undetermined manner
	1/2 1- 15 / 8114	CHIEF MEDICAL	EXAMINER .
	SIGNATURE GUSTAN XFairleville	ASSISTANT MED	CAL EXAM.NER DATE SIGNED
		DEPUTY MEDICAL	1 EXAMINER <b>¥</b> 9/8/61
	NAME (Type)	Address (Street,	city, town, or county) Glen Burnie, Md.
228	BURIAL, CREMAT ON. 256. SAIF HEREOF . Faubert M. D. CEMETER	OR CREMATORY	22d. LOCATION (City, town, or country) (State)
	BUDGAL SPECIFY 9-11-61 SET DUAT	ille	REL ALTON MD.
23	BURIAL 9-11-61 SETONAT	240. REC	TO BY REG STRAR 245, REGISTRAR'S BIGNATURE
17	he HUNTE FUNERAL HOME, WALD		13'61
	PI C SHIDNIT. I. I VIVI CI SI I V VIVI ( IN / NA L. I.)	TOPE IN THE STATE	



MEDICAL EXAMINER'S CERTIFICATE OF DEATH 9793 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) a. COUNTY ANNE ARUNDEL o. STATE **b.** COUNTY MARYLAND MARYLAND burial, b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ANNAPOL'S 35 Hours Plus RALTIMORE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS .S. NAVAL HOSPITAL, ANNAPOLIS, PADYLAND 938 VINE STREET ē NAME OF egistra First Middle 4. DATE ō YOUR Month DECEASED (Type or print) CLEMONS DEATH SEPTEMPED Rellina S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED | 8. DATE OF BIRTH 9. AGE (In years IFUNDER TYEAR IF UNDER 24 HRS. lost birthday) ned Months FEMALE NEGROLD WIDOWED [7] DIVORCED [ 25 1200 므 yes. 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) MARYLAND HOUSEWIFE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Nannie ANDERSON 50 Thomas RELT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Give No None Eddie (n) OFMONS 1038 Vine Street 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) along with fa burial-transit DUE TO with Conditions, if any, which pencil gave rise to immediate cause **DUE TO** (a), stating the underlying cause last. o Office PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NALDISEASE CONDITION GIVEN IN PART I(D) 19 WAS AUTOPSY CERTIFIC 200. EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED. (Enter pature of injury in Pagt I or Part it of item 18.) pe PRIMARY OF CONTRIBUTING Exami shavid 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 120f, (City or town) factory, street, affice bldg., etc.) MEDI Not while 69 at work at wark C-Ballmere 21. I certify that I taak charge of the remains described above, held an Autapsy Inspection. death resulted from: Natural causes Accident X, Suicide \_\_\_\_\_\_, Homicide . Undetermined cause ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER EXAMINER'S NAME (Type) DEPUTY MEDICAL EXAMINER (T) FUNE 22g, BURIAL CREMATION, 22b, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL, (Specify) 24a. REC'D BY REGISTRAR

DEPUT

Vs. AISME(5) SM 9/55

YES NO Day

20

Days

Hours

e. IS RESIDENCE ON A FARM?

Year

19 51

12. CITIZEN OF WHAT COUNTRY?

STATES

Charlest Harrison

Marviand Invite, Paitimore

INTERVAL BETWEEN

35 hours

PERFORMED? YES 🔽

(State)

de.

NO 🖂

(State)

med.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

(County)

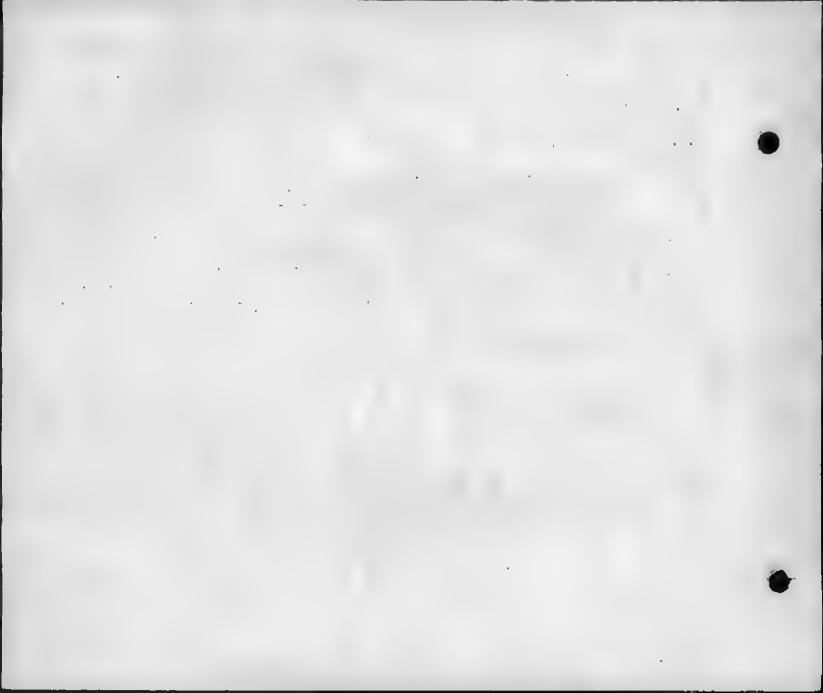
Inquiry

- ---- -- DATE SIGNED

24b. REGISTRAR'S SIGNATURE

DATECT 4

willing & Thouse



VR A15 (4) 15M 9/59

## MARYLAND STATE DEPARTMENT OF HEALTH 9794 DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

-		<u> </u>
1.	PLACE OF DEATH  a. COUNTY  MARYLAND  2. USUAL RESIDENCE (Where deceased lived. If institution desidence of STATE Waryland b. COUNTY)  b. COUNTY	before admission)
Par	b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)  c. CITY OR TOWN (If available corporate limits, write RURAL and give nearest town)	ve nearest town)
	d. NAME OF HOSPITAL (If not in hospital, give street address) OF HISTITUTION  Address  14  15  16  17  16  17  17  18  18  18  18  18  18  18  18	e. IS RESIDENCE ON A FARM? YES NO [3].
3.	NAME OF DECEASED (Type or print)  NAME OF DECEASED (Type or print)  Name OF DECEASED (Asset to the print)	Day Year / 2 196/
5.	A STATE OF THE PROPERTY OF THE	YEAR IF UNDER 24 HRS Days Hours Min
10	Da BSLAI OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country);  ducing mai of warking (life, even if retired)  12. CITIZ	EN OF WHAT COUNTRY?
13	Frank ( allest Maria Stewart	
155	(91. ng of unknown) (If yes, give wor or dotes of service) 16. SOCIAL SECURITY NO 17 INFORMANT (If yes, give wor or dotes of service)	a. md
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: Hypertensive Cardio-Vascular Disease with	INTERVAL BETWEEN
	443 × Due to Renal Damage	3 Months
	gave rise to immediate couse (a), stating the under-lying cause last.  DUE TO  (c)	
CATION	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	PERFORMED?
CERTIF		
MEDICAL	20c TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED Hour a. m. 20f. (City or tawn) (Company the street, affice bldg., etc.)    Post work   Ot	ounty) (State)
	21 I certify that (I) (this haspital) attended the deceased fram July 1 12 61, to September 1219 6 saw the deceased alive an September 12961, and that death accurred at 1:10 from the causes and an the	
	saw the deceased alive an September 12061, and that death accurred at 1 1 1 from the causes and an the  220 SIGNATURE  M.D. ATTENDING MED DIRECTOR PHYS	22b, DATE \$1GNED
	22c. PHYSICIAN'S NAME (Type) R. L. RICHARDSON MD 22d. ADDRESS 110 Clay Street, Annapolis, Md	l.
23	230 SURIAL CREMATION, 236 DATE THEREOF 230 NAME OF CEMETERY OR CREMATORY 234 OCATION (City, town, or sounty)  REMOVAL (Specify)  9-16-61  Briwer Still  Cusualpotes. To	nf (State)
24	FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  ADDRESS  DATE SEP 2 0 '61  Colon 8. 1	



RYLAND STATE DEPARTMENT OF HEALTH W. PRESTON STREET, BALTIMORE 1, MARYLAND 9795 CERTIFICATE OF DEATH ce before admissioni PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if institution e. COUNTY b. comontgomery ANNE ARUNDEL 12 MARYLAND b. CITY OR TOWN of outside corporete limits. c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) c. LENGTH OF STAY IN 16 ģ write RURAL and give neerest town) Silver Spring ANNAPOLIS d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospita), give street address) e. IS RESIDENCE ON A FARM? YES NOT HOMEWOOD CONVL. HOME Apt. 401 95 East Wayne Ave completeli on papers ithin 72 ho 3. NAME OF 4. DATE Middle DECEASED OF (Type or print) DEATH 1961 MAE September 6 CONDON carbon withi 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In years IF UNDER I YEAR IF UNDER 24 HRS. lest birthday) and Months WIDOWED DIVORCED [ Female May 4, 1876 10a. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & Stele, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Point Marion. USA House wife own home 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Benj. G. Conn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Mollie Everly (Yes, no, or unkown) i (If yes give wer or dates of service) B. Carl Condon- Son- same as 18. CAUSE OF DEATH [Enter only one couse per line for (e), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH ig physicia signed by PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) burial-transit obar preumonia Conditions, if eny, which geve rise to immediate cause DUE TO (e), stating the underlying has couse lest. the PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e), 19. WAS AUT OPSY certificate CERTIFICATION SES PERFORMED? NO" 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 206. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Port I or Port II of Item 18.) After this (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, 1 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) (County) (State) While Not While factory, street, office bldg., etc.) Hour e.m. el work ef work may be retain DIRECTOR: 2] - certify that (I) (this hospital) attended the deceased from... /6 196/... that (I) (we) last saw the deceased alive on...... 22b. DATE 220. SIGNATURE ATTENDING SIGNED DIRECTOR PHYS. PHYS. 22c. PHYSICIAN& ADDRESS NAME (Type) death. P director, be filed v NAPULIS, MD. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23e. BURIAL, CREMATION, | 23b. DATE THEREOF REMOVAL (Specify) Point Marion, Pa ADDBESS 256. REGISTRAR'S SIGNATURE 24 ALINERAL DIRECTOR'S SIGNATURE VR A15 (4) anthur & Knows 15M 9/60 Annapolis, Maryland DATE

within

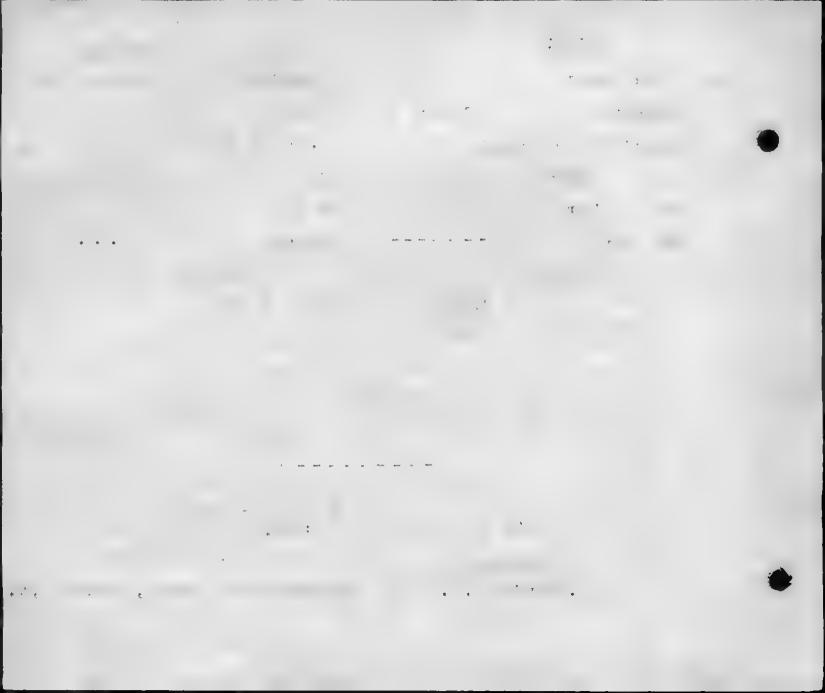
. . . . 1, 77 F. 7 07 0 0.4

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, furstitution; Residence before edmission) . COUNTY Anne Arundel Baltimore City MARYLAND b. CITY OR TOWN (if outside corporete imits. C LENGTH OF STAY IN 16 c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Crownsville 15 davs Baltimore d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give street eddress) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? 524 W. Lanvale Street Crownsville State Hospital YES NO X executed NAME OF 4. DATE Middle Month DECEASED OF John Craig DEATH (Type or print) Joseph 9 21 19 61 00 carbon 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX B. DATE OF BIRTH 9. AGE In years I F UNDER I YEAR IF UNDER 24 MRS. last birthday) and Months Days Hours Negre Male 1884 WIDOWED IX DIVORCED 10s. USUAL OCCUPATION (Give kind of work 900 106 KIND OF BUSINESS OR INDUSTRY 11. B.RTHPLACE (County & State, or foreign country) 1.12. CITIZEN OF WHAT COUNTRY? done during most of working ofe, even if retired) phymicia Maryland U.S.A. **Bus Driver** 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please Unknown Unknown 15. WAS DECEASED EYER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address (Yes, no, or unkown) | [Ifyes give wer or detes of service] Hospital Records 18. CAUSE OF DEATH (Enter only one cause per line for ic., (b., and (c) INTERVAL BETWEEN þ ONSET AND DEATH g physicia signed by PART I. DEATH WAS CAUSED BY: Congestive Heart Failure MMEDIATE CAUSE (+) DUE TO Pulmonary edema Conditions, if any, which has been (6) gave rise to immadiate causa DUE TO (a), stafing the underlying Broncho pneumonia certificate ha PART II, OTHER SIGNIF CANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 118, 19. WAS AUTOPSY PERFORMED? 95 Chronic Brain Syndrome associated with arteriosclerosis NO K prior 20b. DESCRIBE HOW INJURY OCCURED, (Enter netura of injury in Pert I or Pert II of Item 18.) 20a ACCIDENT WAS UNDERLYING L. ed for the (IF EITHER, NOTIFY MEDICAL EXAMINER) After 20d. INJURY OCCURRED , 20s. PLACE OF INJURY (Home, farm, 1 20f. [City or town] (County) (State) 20c. TIME OF IN-URY Month, Day, Yeer Not While fectory, street, office bldg., etc.) While Hour a.m et work a! work CTOR: 9/21 ......... 19.61, that (I) (we) last 19.61 to 21. [ certify that (I) (this hospital) attended the deceased from.... ... and that death occurred at Pe .M, from the causes and on the date stated above. saw the deceased alive 22b. DATE 22a SIGNATURE ATTENDING SIGNED DIRECTOR T PHYS. PHYS. page with I 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Benedict. Crownsville State Hespital, Crownsville, Md. FUNE director, I NAME OF CEMEJERY OR CREMATORY 23d, LOCATION (City, town or county) 23a. BUR.AL, CREMATION, REMOVAL (Specify) 0 250. REC'D BY REGISTRAR | 256. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR'S SIGNA VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH



DIVISION OF STATISTICAL RESEARCH AND RECORDS. 01 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased fixed, if institution; Residence before admission) a. COUNTY b. COUNTY Baltimore City Anne Arundel by the MARYLAND b. CITY OR TOWN (if outside corporata limits, LENGTH OF STAY N 16 c. CITY OR TOWN (if outside corporate I mils, write RURAL and give nearest town) crownsville years Baltimore d. NAME OF HOSPITAL OR INSTITUTION of not in hospital, give street address) d. STREET ADDRESS e. IS RES DENCE ON A FARM? Crownsville State Hospital Unknown YES NO X completely 3. NAME OF Middle 4. DATE DECEASED OF (Typa or print) DEATH 1961 El ai e Crawford 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BRITH AGE (In years | IF JNDER 1 YEAR IF UNDER 24 HRS. and rihday) Months Days Hours Female Negro WIDOWED IX DIVORCED -physician 10a, USJAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, avan if retired) U.S.A. Unknown Domestic 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please linknown and. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? SOCIAL SECURITY NO 17, INFORMANT Addrass (Yas, no, or unkown) [[fyesq:vawarordatesofservice] Hospital Records 18. CAUSE OF DEATH [Enter only one cause per lina for (a,, (b), and (c) ] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY-Congestive Heart Failure IMMEDIATE CAUSE (a) Syphilitic Heart Disease Conditions, if any, which gave rise to immadiate cause DUE TO (a), stating the underlying cause last. PART II. OTHER S.GN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 19, WAS AUTOPSY certificate PERFORMED? SE Old Cerebral Hemorrhage NO T USB 20b. DESCR BE HOW INJURY OCCURED (Enter nature of injury in Part | or Part I of Item 18.) 20a. ACCIDENT WAS UNDERLYING I OR CONTRIBUTING CAUSE OF DEATH After this 20c. TIME OF INJURY 1 20d, INJURY OCCURRED 1 20e, PLACE OF INJURY (Home, farm, 1 20f, (City or town) (Stata) factory, street, offica bldg., atc.) Whila Not While Hour a.m. at work at work p.m. DIRECTOR 19 **61** that (I) (we) last 21. | certify that (I) (this hospital) attended the deceased from .., and that death occurred at ... M, from the causes and on the date stated above. saw the deceased lalive on ... 22b. DATE 22a. SIGNATURE ATTENDING SIGNED PHYS. DIRECTOR I PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type Crownsville State Hospital, Crownsville, Md. HOSPI lath. Pa director, p 238 BUR.AL, CREMATION, 236 DATE THEREOF 20c. NAME OF CEMETERY OR CREMATORY (Stata) 123d. LOCATION (City, town or county) REMOVAL (Spycify) 24 FUNERAL DIRECTOR'S SIGNATURE 25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE VR A15 (4) Children S. Kraus DATE SEP 2 15M 9/60

death certificate b■

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ARYLAND STATE DEPARTMENT OF HEALTH

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

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A	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If anstitutions Residence before admission)	
A	a. COUNTY  Anne Arundel MARYLAND	Maryland Anne Arundel	
1	b. CITY OR TOWN (if outside corporate limits,   c. LENGTH OF STAY IN 16	_{	
П	write RURAL and give nearest town) Annapolis 1 day	RURAL - Mave	
H	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address,	d. STREET ADDRESS   a. IS RESIDENCE	
5]	k w	ON A FARM?	
-1	Anne Arundel eneral Hospital	Beverly Beach	
	3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year	
H	(Type or print) William E.	CRISER DEATH Sept. 5 1961	
ĺ	5. SEX 6. COLOR OR RACE 7. MARRIED THEYER MARRIED	8. DATE OF BRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.	
П	TE TO THE OWNER OF THE PROPERTY OF	last birthday) Months Days Hours Min.	
ı	Male   White   WIDOWED   DIVORCED   10a. USJAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR INDUS!	Aug. 24, 1878 83 yrs.	
П	done during most of working life, even if retired	The blank proce (county or alare, or love gir county)	
-1	DROKEN TEALESTAIL	West Virginia U.S.	
ı	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
1	JACOB (RISER	Floor UNIS	
ľ	15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO. 17.	INFOLATION Address CHESTER BROOK RU	
-	(Yes, no, or unkown) (Ifyesgivewarordatesofservice)	Milled Papart Masi Land Va	
-	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	Interval setween	
-1	PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH	
1	IMMEDIATE CAUSE (a)	factival 12 from	
П	420.0 DUE TO 4 Pol	1. 0 00 1.	
1	Conditions, if any, which (b) Hotelesseller	otic heart diesel 15 yeares	
ı	gave rise to immediate cause		
1	(a), stating the underlying Due to		
1	Z PART II. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT N	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a), 19. WAS AUTOPSY	
	OF Resident	PERFORMED?	
- }	The same with the property of the process of the policy occurs.		
PART II. OTHER SIGNIF CANT CONDITIONS CONTRIBUT NOT TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a), 19. W.  YES     Qua. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part ) or Port II of item 18.)  OR CONTRIBUTING   CAUSE OF DEATH  OF (IF ITHER, NOTIFY MEDICAL EXAMINER)			
1			
-1	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PI Hour a.m. 20d. INJURY OCCURRED 20e. PI While Not While	LACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) intory, street, office bldg., etc.)	
-1	Hour a.m. While Not While the	i	
		at death occured at	
	22a. SIGNATURE	62/15 PM 22b. DATE	
	6/ 1/ 1/1/ 1/2/	ATTENDING MED. STAFF	
	CA A WOLA A F F COLLEGE	MD PHYS. DIRECTOR PHYS. 9/6/6/	
-	22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS	
	Richard I. Hochman	100 Cathedral St., Annapolis, Md.	
	23a, SURIAL, CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY		
ı	BURIAL 9-9-1961 HILLCRES	IT MEM.CM ANNAPOLIS MD.	
	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25e, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE	
	JOHN M. TAYLOR. SONE ANNAP	OCCS MODATE SEP 8 "111 Carthur & Kings	
	ווימאון וייטט וויידי ויין יין יין רויטע	Ame a salaria	



DIVISION OF STATISTICAL RESEARCH AND W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 2. USUAL RESIDENCE (Where decesed lived, If Institution, Residence before admission PLACE OF DEATH . COUNTY the day MARYLAND moe Hnne by the b. CITY OR TOWN (if outside corporete limits. c. LENGTH OF STAY IN 16 c. CITY OR JOWN (If outside corporete limits, write RURAL end give neerest lown write RURAL and give negrest town) .⊑ d. NAME OF HOSPIFAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO completely papers. 3. NAME OF 4. DATE Year DECEASED OF (Type or print) am160 196 carbon 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (in years | IF UNDER 1 YEAR | Months Days IF UNDER 24 HRS. pue physician 10a. USUAL OCCUPATION (Give kind of work 106. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (County & State, or foreign country) 1 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) New dersen Mousewor 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME affending ple Ruth Cox 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17, INFORMANT (Yes, no, pr unkown) | (If yes give wer or dates of service) No 18. CAUSE OF DEATH [Enter only one cause per line for (e), [b], end (c).] INTERVAL BETWEEN signed by ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) DUE TO (b) geve rise to immediate cause **DUE TO** (a), steting the underlying may be retained by the hospital o DIRECTOR: After this certificate 3 should be detached for use as the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) WAS AUTOPSY PERFORMED? YES X NO 20b, DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Pert II of tem 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) Month, Dey, Year (County) (Stefe) factory, street, office bldg., etc.) Hour a.m. Not While at work et work /......, 199/..., that (I) (40) last 196/ and that death occured at 30 M, from the causes and on the date stated above. saw the deceased alive on..... 22a. SIGNATURE ATTENDING SIGNED PHYS. DIRECTOR PHYS. 7/10/6 22c. PHYSICIAN'S 22d. ADDRESS FUNE TO FUNE director, p CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 24 FUNERAL DIRECTOR'S SIGNATURE **VR A15 (4)** 15M 9/60



funeral TO HOSPITAT, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Per may be relatived by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Togets 1 and 2 should be detached for use as the burial-transit permit. Then please remove carbon papers. Togets 1 and 2 should be detached for use as the burial-transit permit. Then please remove carbon papers. Togets 1 and 2 should be died with the State Dept. of Health prior to burial, cremation, or removal, and in any every within 72 hours after death.

VR A15 (4) 15M 9/60

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## MAILYLAND STATE DEPARTMENT OF HEALTH

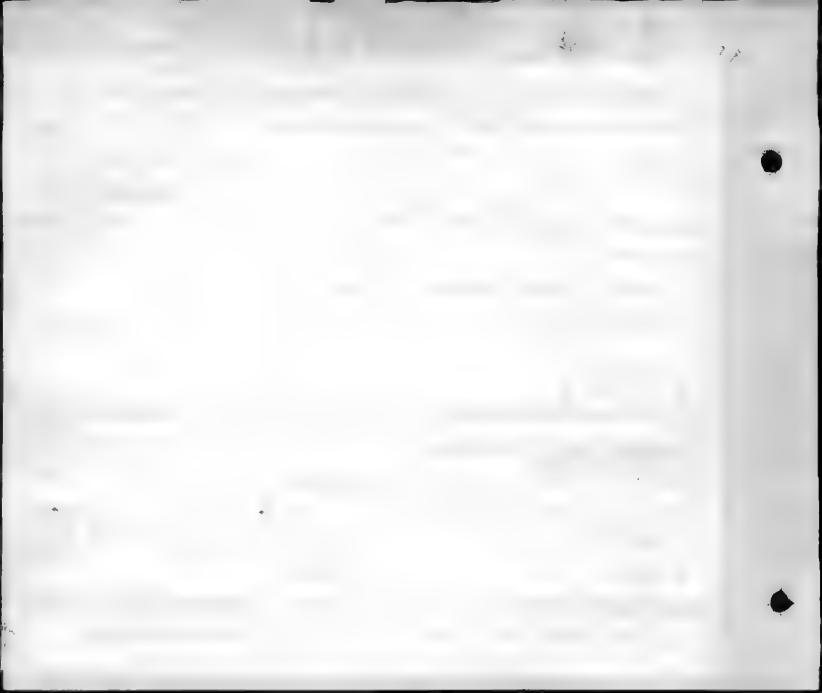
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

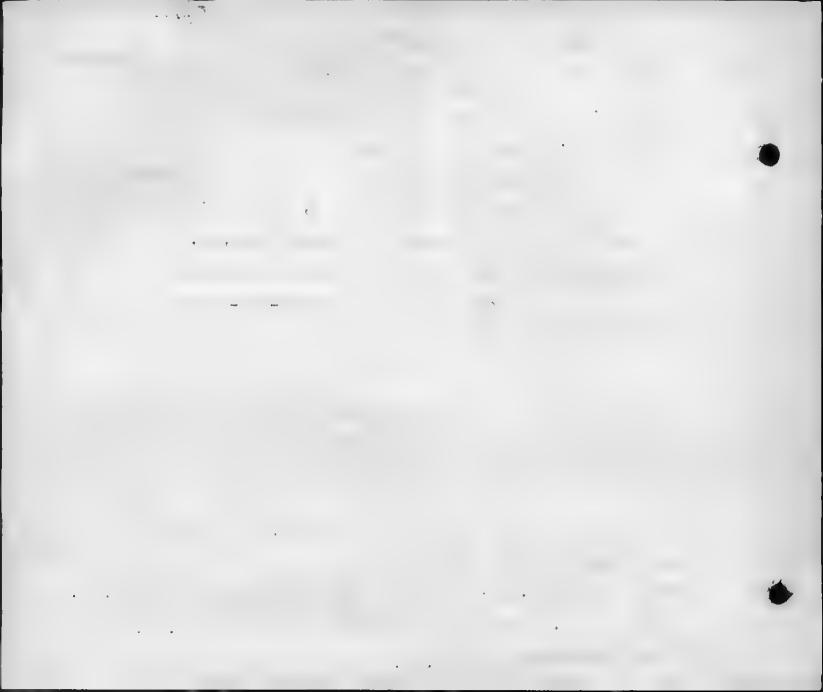
ı	3000	CERTIFICATE	OF DEATH	E)QPOO
1	1. PLACE OF DEATH		2. USUAL RESIDENCE [Where d	eceasad lived, If institution: Ras denca before admission)
П	a. COUNTY	MARYLAND	a. STATE Maryland	Anne Arundel
-	b. CITY OR TOWN (if outside corporeta limits,	c. LENGTH OF STAY IN 16		porate limits, write RURAL and give nearast town)
	write RURAL and give nearest town)	22 4	RURAL - Od	
ı	Annapolis  d. NAME OF HOSPITAL OR INSTITUTION (if not in hosp	33 days	d STREET ADDRESS	encon
		_	*	ON A FARM?
-	Anne Arundel General Hospit			Month Day Year
	DECEASED	Middle	Last 4. DATE OF	
	(Type or print) #lise	D	ONALDSON DEATH	pepe T GOT
-1-	5. SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED 8	DATE OF BIRTH	9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Ist birthday) Months Days Hours Min.
	Female White WIDOWED	DIVORCED   1	lev. 15, 1880	80 ук.
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if railred)	NO OF BUSINESS OR INDUSTR	11 BIRTHPLACE (County & State, o	r foreign country) 12, CITIZEN OF WHAT COUNTRY?
П	Housework Own	Home	Maryland	U.S.
ľ	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Т	Henry Lingenfelder		Emma Parks	
	15. WAS DECEASED EVER IN J.S. ARMED FORCES? 16. S  (Yes, no, or unknown) (lifyes give war or dates of service)	OCIAL SECURITY NO. 17. I		Address
ı	no ////////////////////////////////////	none Mi	. W. Loren Donal	dson. Odenton. Md
ı	18. CAUSE OF DEATH [Enter only one cause per la	ne for (a), (b), and (c).	e we cozen ouner	INTERVAL BETWEEN
1	PART I. DEATH WAS CAUSED BY:  MMEDIATE CAUSE (8)	piratory laitu	×0.	ONSET AND DEATH
	DUE TO		,	
	Conditions, if any, which	elmo thron	bosis	33 days
ı	gava risa to immadiala cause	/		
	(a), staling the underlying DUE TO	oralized arte	rioscerosis	5-6 years
1		TRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE	CONDITION GIVEN IN PART 11811 19. WAS AUTOPSY
	OE .			PERFORMED? YES NO TO
	20a, ACCIDENT WAS UNDERLYING 1 20b. DESC	PIRE HOW INTIRY OCCURED	(Enter nature of injury in Part I or Part	
	PART I, OTHER'S GNIFICANT CONDITIONS CONDITIONS  20a, ACCIDENT WAS UNDERLYING   20b. DESCOOR CONTRIBUTING CAUSE OF BEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)			
		NJURY OCCURRED   200, PLA	CE OF INJURY (Home, farm, ; 20f. (Ci	ty or town) (County) (State)
	Hour a.m. While	Not While fects	pry, street, office bldg., etc.)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
			122 206767	Sout 167
1				Sept. 1, 19.61, that (I) (Oke) last
ı		190, ⊥, and that	death occured at M, from	m the causes and on the date stated above.
	228. SIGNATURE	P	ATTENDING MED.	STAFF SIGNED
1	22c. PHYSICIAN S	hunan M	D. PHYS. XX DIRECTOR	PHYS9/2/61
1	NAME (Type) Dr. Richard I. H	ochman		St., Annapolis, Md.
		23c. NAME OF CEMETERY		CATION (City, town, gr gounty) (State)
1	23a, BURIAL, CREMATION, 23b DATE THEREOF REMOVAL (Specify)			denton. Md.
-	Burial 45 Sept. 61		Scopar - Ileaning	STRAR 25b. REGISTRAR'S SIGNATURE
	24 FUNERAL DIRECTOR SIGNATURE	ADDRESS		
1	1. Sillinglion 6	len Burnie, N	d. DATE SEP 6	61 Onling S. Khaus
	'()			



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET BALTIMORE " MARYLAND CERTIFICATE OF DEATH 2. DATE OF DEATH NAME OF DECEASED ELIZABETH DORSCH Type or Printl by the and 2 death. 4. USUAL RESIDENCE (Where deceased lived If institution: residence before admission) 3. PLACE OF DEATH IN BANTIMORE, MARYLAND **B. COUNTY** Houndel Count HE NOT IN HOSPITAL OR INSTITUTION, GIVE STREET Ξ. FUIL NAME OF (If outside city limits, write RURAL and give township) ADDRESS OR LOCATIONS filled HOSPITALOR Creswell Anne Hrundel INSTITUTION 301 D. STREET ADDRESS (If rural, give, location) Baltimore If Under 1 Yr. SINGLE, MARRIED. and con carbon 6. COLOR OR RACE 5. SEX WIDOWED, DIVORCED (Specify) Months Doys Hours Min. 12. CITIZEN OF WHAT COUNTRY? 11. BIRTHPLACE (State or foreign country) 10s, KIND OF BUSINESS OR INDUSTRY physician 10.A USUAL OCCUPATION (Give kind of work done during most of working life, even Housewite Mazyland if relired) retined 14. MOTHER'S MAIDEN NAME please 13. FATHER'S NAME **ADDRESS** 17. INFORMANT 16. SOCIAL 15. Was Deceased Ever in U. S. Armed Forces? SECURITY NO. (If yes, give wor or dates of service) (Yes, no or unknown) g physician. NO permit. INTERVAL BETWEEN **CAUSE OF DEATH** ö 18. cremation, DISEASE OR CONDITION DIRECTLY burial-transit LEADING TO DEATH attending (This does not meon the mode of dying, e.g., heart failure, asthenia, etc., it means the disease, injury or complication which coused death.) certificate has been r use as the burial-tr burial, **ANTECEDENT CAUSES** DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE 0 UNDERLYING CONDITION LAST. CATION ρ 11 may be retained by the DIRECTOR: After this 3 should be detached for Health OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT ō 20. AUTOPSY? 198 CONDITION FOR WHICH OPERATION IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II 19A. DATE OF OPERATION Dept. WAS PERFORMED 22. I certify that (1) (this hospital) attended the deceased from Hul State ... that (1) (we) last saw the deceased alive on\_ and that in (my) (aur) opinion death occurred of 6 a m , from the causes and on the date stated above. deat 190 4 is 10 FUNERAL I director, page 3 be filed with the 23c. DATE SIGNED 400 Crain Robert MED DRECTOR - STAFF PHYS ATTENDING PHYS. 24b, LOCATION (City, town, or county) 24C. NAME OF CEMETERY OR CREMATORY 24A BURIAL, CREMATION, REMOVAL (Specify) ADDRESS VR A15 (4) 258 NAME OF REGISTRAP 25A. DATE REC'D BY HEALTH DEPT. **■M 9/60** Chilhur & Trama



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301 W. PRESTON STREET, BALTIMORE 1, MARYLAND DIVISION OF STATISTICAL RESEARCH AND RECORDS. CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Whare deceased lived, If institution; Ras dance before admission) a. COUNTY **6. COUNTY** Anne Arundel Anne Arundel MARYLAND b. CITY OR TOWN (if putside corporets limits. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporata I mits, write RURAL and give nearest town) write RURAL and give nearest fown) Annapolis .≘ ~ Annapolis d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address d STREET ADDRESS A. IS RESIDENCE ON A FARM? Anne Arundel General Hospital Sixth St. YES NO X 3. NAME OF 4. DATE Month Middle DECEASED DEATH (Type or print) 19 61 EHITOTT Ellen September 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 19. AGE (In years IF JNDER I YEAR B. DATE OF BIRTH IF UNDER 24 HRS last birthdey) | Months and WIDOWED [ DIVORCED Female June 17 physician 10a. JSUAL OCCUPATION (Giva kind of work 106 KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? гетоме done during most of working life, eyen if ret red) Public Octoobs U.S. Marvland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please DOETTCHER 16. SOCIAL SECURITY NO (Yas, po, or unkown) | (Ifyasq vewarordatasofservica) INTERVAL BETWEEN 18. CAUSE OF DEATH If her only one cause per line for (a (b), and (c). ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO identies metastas Conditions, if any, which (b) gava risa to immediate ceusa DUE TO (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1.8) 19. WAS AUTOPSY PERFORMED? NO TO 20b. DESCRIBE HOW NULRY OCCURED, Enter neture of injury in Part I or Part II of Item 18.) 20a ACCIDENT WAS UNDERLYING | OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INBURY Month, Day, Year 20d. INIURY OCCURRED 20e. PLACE OF INJURY (Home, ferm 20f. (City or town) (County) (State) fectory, street, office bldg., etc.) While Not While Hour a.m. el work at work saw the deceased alive on Septe. 28. ....19.61, and that death occured at ...... M, from the causes and on the date stated above. L:40 A.M. 22b. DATE 22a STGNATURE ATTENDING MED. STAFF SIGNED PHYS. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Richard N. Peeler, M.D. 121 Cathedral St. Annapolis. Md. 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23b. DATE THEREOF 24 FENERAL DIRECTORS SIGNATURE 258, REC'D BY REGISTRAR \$256, REGISTRAR'S SIGNATUR DATE OCT 2

MARYLAND STATE DEPARTMENT OF HEALTH



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MARYLAND STATE DEPARTMENT OF HEALTH

**	INCHES OF THE PROPERTY OF THE	CAMPACINET AT THE	
DIVISION OF STATISTICAL	RESEARCH AND RECORDS,	301 W. PRESTON STRE	EET, BALTIMORE 1, MARYLAND
0.007	CERTIFICATE	OF DEATH	09793

I. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission)
ANNE ARUNDEL MARYLAND	MARYLAND BALTIMOPE
b. CITY OR TOWN (if outside corporate limits,   c. LENGTH OF STAY IN 16	c, CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
write RURAL and give nearest town) ANNAPOLIS 36 Days	
ANNAPOLIS  d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitel, give street eddress)	BALTIMORE
	d. STREET ADDRESS  o. IS RESIDENCE ON A FARM?
U.S.NAVAL HOSPITAL, ANNAPOLIS, MARYLAND	7003 BROMPTON ROAD YES NO 2
3. NAME OF first Middle DECEASED	Last 4. DATE Month Dey Yeer
(Type or print) Earle Dunlan FVAI	
	DATE OF BIRTH  9. AGE (In yours, IE UNDER 1 YEAR IF UNDER 24 HRS.
WALE CALLS	last birthdey) Months, Deys Hours Min.
	26 JUNE 1889 . 72 Yrs.   _
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	IY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Administrative U. S. Navy_	KANSAS UNITED STATES
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Charles Lewis EVANS	Mary Virginia DUNLAP
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO. 17.	A -
(Yes, no, or unkown) (fives give wer or dates of service)	/UD brombton Road
Yes   W   &   2// 26 63 Mrs	. Virginia E. MILLER, Raltimore 7, Maryland_
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: Employeema, Pul	monary unleaven
527.1 DUE TO	
Conditions, if eny, which \ (b)	
geve rise to immediate cause	
(e), steting the underlying DUE TO	
couse lest. (c)	
PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(+) 19. WAS AUTOPSY PERFORMED?
	YES X NO
20. ACCIDENT WAS UNDERLY NG [ 20b. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING [ CAUSE OF DEATH  IF EITHER, NOTIFY MEDICAL EXAMINER)	(Enter neture of injury in Pert I or Pert II of item 18.)
OR CONTRIBUTING CAUSE OF DEATH O (IF EITHER, NOTIFY MEDICAL EXAMINER)	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED   20e. PLA	CE OF NJURY (Home, ferm, 20f. (City or town) (County) (State)
Hour e.m.   WhileNot While fact	ory, street, office bldg., etc.)
E p.m. 19 et work et work	
21. I certify that (I) (this-hospital) attended the deceased from.	4August 19_61 to.6Sep.f ember 19.61, that (I) (we) last
saw the deceased alive on & Santambar 19.61. and that	death occured a 8:07M, from the causes and on the date stated above.
22a. SIGNATURE	22b. DATE
Oblitations "	ATTENDING MED. STAFF 7 August 1961
22c. PHYSICIAN'S	22d. ADDRESS
NAME (Type)	II A Mark Harrison Hamilton
	U. S. Naval Hospital, Annapolis, Maryland
233 BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OF COMMERCE STATES OF CEMETERY OF COMMERCE STATES OF CEMETERY O	OR CREMATORY 23d LOCATION (City, town or county) (State)  When ANNAPOLIS MD.
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250, REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE
John M. Taylor Como Cumple	0. 114
your it, any	eles /11 Di DATE SEP 8 '61   O-Thur S. Hank

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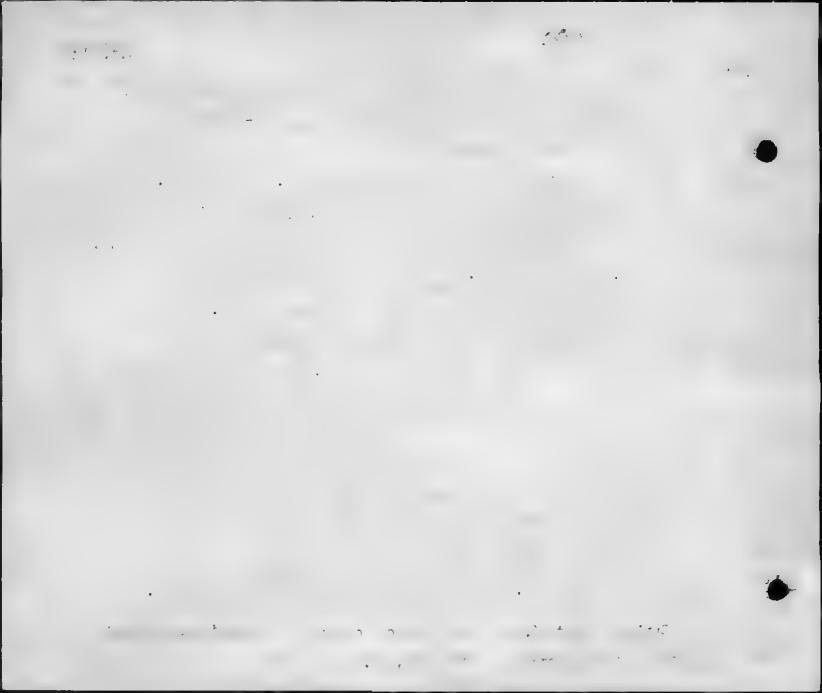
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gr.

MADYLAND STATE DEPARTMENT OF HEALTH



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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4	may be ted by the haspital ar attending physician.  TO FUNERAL DIRECTOR: After this certificate Mas been signed by the attending physician and campletely filled the funeral director,	ocean page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with	/	_
death	unerol d	ld be fil	(	1
rs after	the F	2 shau		>
24 hau	lled	es I de	ţ.	
within	letely fi	5. Page	fter dea	
executed	d camp	n paper	haurs a	
ate be	ician on	e carbo	ithin 72	
certific	ng phys	э гето	event, w	1
e death	attendi	n pleas	in any	
that th	by the	it. The	al, and	
requires	an. 1 sig≡ed	sit perm	r remay	
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IAN: I	tending	the but	al, crem	
PHYSIC	al ar at this cert	r use as	ta buri	
NDING	e hospit : After	ched fa	Ith prior	
R ATTE	d by the	be deta	of Hea	/
ITAN O	A DIS	pluods	Board &	
HOSP	may be	page 3	the State Board of Health priar ta burial, cremotian, or remayal, and in any event, within 72 haurs after death.	
VP TO	AIS	(4)	-	
15	M 9/9	9		

	MARYLAND STATE DEPARTMENT OF HEALTH
208	DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLANE
000	CERTIFICATE OF DEATH

	0000	CERTIFICA	IE OF DEATH		1705
1.	PLACE OF DEATH o. COUNTY	MARYLAND	2 USUAL RESIDENCE (Where dece	b. COUNTY	nce befare admission)
	b. CITY OR TOWN (If autside corporate limits, write RURAL and give negrest town)	c. LENGTH OF STAY IN 16	SEVERNA	arporate thmits, write RURAL and	give nearest town)
	d. NAME OF HOSPITAL (If not in haspital, give street OR INSTITUTION 26 COBINSOR	v RD =	26 KOBINS	SON RD.	e IS RESIDENCE ON A FARM? YES NO
L	NAME OF DECEASED (Type or print)	Middle . 15 VIRGINI	A FIELDER DEA	TE Month SEPT.	Day Year 2-/ 19 6/
	FEMALE WHITE WIDOW	ED DIVORCED	8. DATE OF BIRTH APRIL 5, 1917	lost birthdoy) Months	R 1 YEAR IF UNDER 24 HRS.  Doys Hours Min
	USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  WELDER	. KIND OF BUSINESS OR INDUS ETHLEMEM STE	EL VIRGINIA	in country) 12 CII	TIZEN OF WHAT COUNTRY?
	241 - 1000	LE	14. MOTHER'S MAIDEN NAME	ANDERS	oN
	s. no, or unknown) (If yes, give wax or dates of service)	24 24.8942(2	ARENCE D.	FIELPER -	- ABOUE
	18. CAUSE OF DEATH [Enter only one cause per li PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any which ) (b)	ine for (o), (b), and (c).]  We cinoma  E arcinana	osis		INTERVAL BETWEEN ONSET AND DEATH B. MUCO.
7	gave rise to immediate cause (a), stating the under-lying couse last.		, /		
FICATION	PART II. OTHER SIGNIFICANT CONDITIONS				PERFORMED?  YES NO A
AL CERTII	OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		). (Enter noture of injury in Port I or		
MEDICAL	20c TIME OF INJURY Month, Doy, Year 20d. I Haur a.m. 19 While at wa	Nat while   fac	CE OF INJURY (Home, farm, 20f. ( tory, street, affice bldg., etc.)	City or town)	(County) (State)
	21 I certify that (I) (this haspital) attentions the deceased alive and Supplies	h//	-0	a <b>2040</b> 190 am the causes and on th	
	220. SIGNATURE  Plue M. Jril  220 PHYSICIAN'S	(an	ATTENDING DIRECTOR  22d. ADDRESS	STAFF 2	Sept 1961
-	MAME (Type)  CHENE DIR	EttiN	715 Cotter	Rd Glen	BURNIE
74	1. BJRIAL, CREMATION. REMOVAL (Spacify)  1 236 DATE THEREOF  2 5 6 6 7 7 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	MEADOWRID	CREMATORY 23d LO	CATION (City, town, or county)  ORSE Y  SISTRAR 256 REGISTRAR'S SI	(State) .
2	Tokut S. Barranco	- Severna Pari	R, Ma DATE	B III TA 4	S. Kraus



TO HOSP TAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after the death.

A death.

A death.

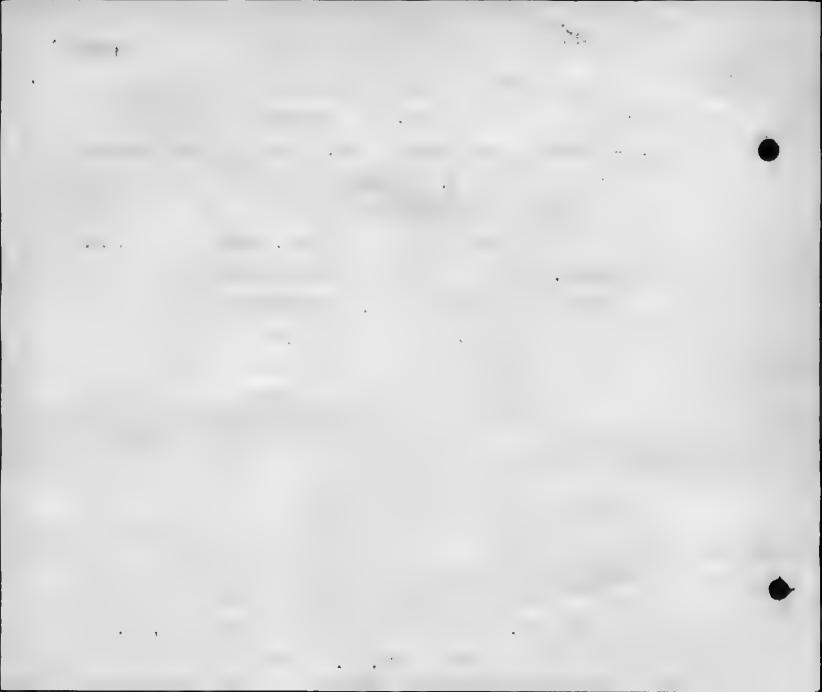
A may be retained by the hospital or attending mysician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complete.

A director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND					
		OF DEATH	796_			
1.	PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, if institutions is	Residence befase edmission)			
-	b. CITY OR TOWN (if outside corporate l'mits, c. LENGTH OF STAY IN 1b	e. STATE  b. COUNTY  Anne  c. CITY OR TOWN (If outside corporate limits, w/ te RURAL and	Arundel '			
, -	write RURAL end give nearest town) Pasadena d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give street address)	Pasadena d. STREET ADDRESS	e. IS RESIDENCE			
3	Rt.5 - Box 258A (Magothy Beach)		ON A FARM?			
5	SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 3	DEATH SEPT  DATE OF BIRTH  DATE OF BIRTH  DEATH  DEATH  SEPT  DATE OF BIRTH  DEATH  DEATH  SEPT  DEATH  DEATH  DEATH  SEPT  DEATH  DEATH  DEATH  SEPT  DEATH  DEATH	YEAR IF UNDER 24 HRS.			
	Female . white WIDOWED DYORCED 1	3th July 1913 48 yrs.	Deys Hours Min.			
	Packer Bugle Laundry	Easton, Maryland U.  14. MOTHER'S MAIDEN NAME	S.A.			
11	Charles F. Mallon . WAS DECEASED EYER IN U.S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17.	Leona Saxton	-			
Ô	no ((fyespivewarordatesofservice) 216 03 7170 Mr	NFORMANT Address  Charles Mallon Same As	#2			
	18. CAUSE OF DEATH (Enter only one cause per line for (e , (b), end (c)., PART I. C ATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH			
	170 × DUE TO	O'TNEUMONIA	72 HRS			
	Conditions, it eny, which gove rise to immediate couse	RCINOM ATOSIS	3 Mo.			
	(a), stating the underlying DUE TO ceuse lest.  (c) CARCINOMA UTE	2US AND BREAST	8 MO;			
CATION	PART II. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART	1(e) 19. WAS AUTOPSY PERFORMED? YES NO X			
CERTIFIC	208. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING   CAUSE OF DEATH OF EITHER, NOTIFY MEDICAL EXAMINER	(Enter neture of injury in Pert I or Pert II of item 18.)				
MEDICAL	Hour e.m. While Not While fact	CE OF INJURY (Home, ferm, 20f. (City or town) (Cou.	nty) (State)			
-	21. I certify that (I) (this hospital) attended the deceased from	JULY 20, 1961, 105EPT 11 , 196				
	saw the deceased alive on SEPT 9 1961, and that	death occured at 9KM, from the causes and on t	he date stated above			
	arthur Laubford Jr. "	D. ATTENDING MED. STAFF	9-11-61			
	22c. PHYSICIAN S NAME (Type) ARTHUR LANKFORD JR MD.	2934 MOUNTAIN &D. PASA?	ENA MD.			
2.	a. BURIAL, CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY REMOVAL (Specify)		/} (Stete)			
24	Burial 15th Sept. 161 Baltimore C	emetery Baltimore Md.  25a. REC'D BY REGISTRAR   25b. REGISTRAR'S	SIGNATURE			
1	Taylor Glen Burnie,	Md. IDATESEP 1 4 '61 Chilling 1.	Kinna			
-						

MARYLAND STATE DEPARTMENT OF HEALTH



dry, please exe-	age 4 should be	>	riol cremation	
ay is necess	al director. Pe	1	or to he	
If any dela	he funeral	ained for your	the registro	
ifter death.	es 1, 2, and 3 to the funeral	nay be retained	and 2 with	
24 hours o	5 Pages 1, 2	Pode 5 may	ile pages 1	
EXAMINER: This certificate shauld be axecuted within 24 hours after death. If any delay is n	g" in pencil in Item 18. Give Pages 1, 2,	form PM3. Pode 5	al-transit permit. File pages	
shaufd be mx	n pencil in {	along with		
certificate :	"pending" i	iner's Office	be used as	
MINER: This	te the rifficate, writing the ward "pe	edical Exam	L DIRECTOR: Page 3 shavid be used as a buri	
EDICAL EXA	ficate, writin	the Chief M	IRECTOR: Po	
TO DEPUTY ME	cute the trill	farwar	TO FUNEKAL D	Investor 10
	. Al	15A	ΛΕ( 55	5}

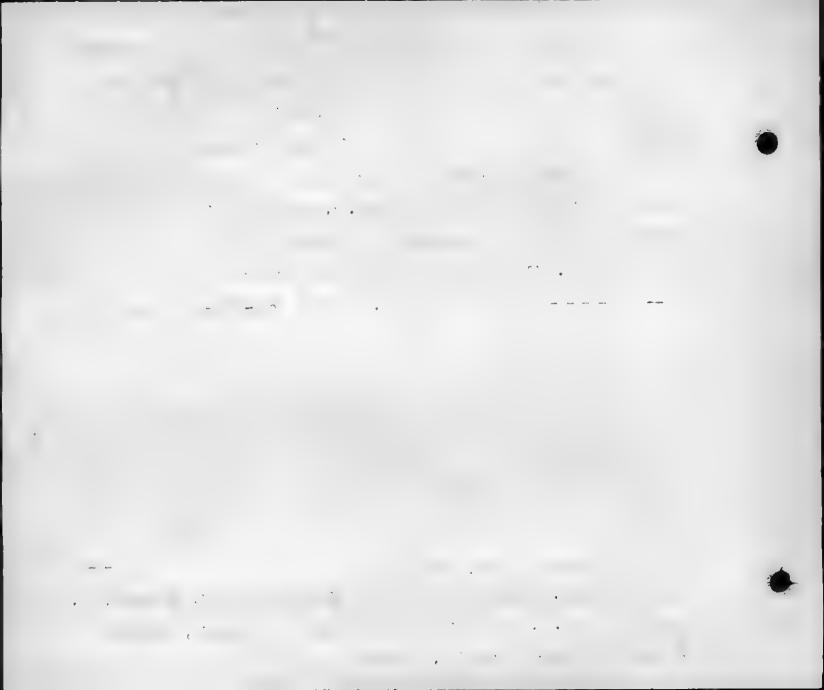
			MA	RYLAND	STATE DEPAR	TME	NT OF HEALT	H-BA	LTIMORE,	18			
TA			9303	MEDIC	AL EXAMIN	ER'S	CERTIFICAT	TE OF	DEATH	- 47			
(181)	=	PLACE OF DEATH					Y			Red. IA	上乙	97	
X	]1,	o. COUNTY		1.9			2. USUAL RESIDENCE (V	Where deced			nce bef	ore odmi	ssion)
	-		nne Arund		MARY		Mary La		5. count	e Arui	ndel		
		b. CITY OR TOWN	mat)	nih, write RURAL	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (II	outside cor	porole limits, write	RURAL and	give n	earest to	wn)
•	L.		nnapolis		lyr. un	no.	/ Annapo	lis					
15 .					ospital, give street oddres	1)	d. STREET ADDRESS						A FARM?
1-1	L		SNH, Anna	polis,	Maryland		U.S.	Naval	Academy				] № 📮
A	3.	NAME OF DECEASED		First	Middle		Last	4. DATE	Month		Day	Y	eor
		(Type or print)		Donald	Glynn		Folev	OF DEATH:	September	28	th	1	9 61
	5.	SEX	6. COLOR OR	RACE 7- MAR	RIED NEVER MARRIED	E 8.	DATE OF BIRTH		Y. AUL (In years	IF UNDER		IF UND	ER 24 HRS.
_	1	[ale	Caucasi	an widow	ED DIVORCED		November 1	ola	lost birthday)  10 yrs.	Months [	Days	Hours	Min.
(	100	USUAL OCCUPAT	ION (Give kind of	work done 10b.	KIND OF BUSINESS OR I	NDUSTR	Y 11. BIRTHPLACE (Stote	or foreign o	country)	12. CITI2	EN OF	WHAT	COUNTRY
$\{ \ \ \ \ \ \}$			Navy	irred)			Pasadena,	Потго		1 ,,	0		
	13	FATHER'S NAME					14. MOTHER'S MAIDEN N		<b>3</b>	<u> </u>	_S.		
		Thoma	as G. Fol	ev			Cladre 43	the T	- e-e				
	15.	WAS DECEASED E	VER IN U. S. ARMI	ED FORCES? 16	S. SOCIAL SECURITY NO.	17. INI	Gladys Al	COM JE	Address	17.00			_
	Į7E	Yes	7-5-60	9-28-61		CF	el manage	17-2	_	1132 8	out	h Wa	rer
					o for (o), (b), and (c). ]	1 1	Thomas G.	<b>FOTE</b>		Pasade	ma,	Ter	.28
			ATH WAS CAUSED		*		7 . 0				1	AL BETWE	
		9 4	JMMEDIATE CAU	SE (o)	slocation, C	ervi	car Spine.	<u>U-3 ar</u>	id 4, with	1	15	Hou	rs
,		Conditions, if			rvical cord	court	ression						
A		gove rise to imm	ediale couse	(p)							-		
		(o), stoling the couse lost.	underlying	E TO									
	z		THER SIGNIFICANT	(c).	CONTRIBUTING TO DEATH	DIST NO	T DELATED TO THE SECOND				1		
(7)	ATION	17187 11. 0	THE STOTE TO SELECT	CONDINONS	ONTRIBOTING TO BEATA	DOI INC	A KECKLED TO THE TERMI	MALDISEAS	E CONDITION GIVE	EN IN PART	1(0) 19	PERFO	RMED?
-	분	20- EXTERNAL CA	LINCE WAS	John Descoul	DE MONT INTRIBUTION OF THE						_ Y	ES 🗍	NO
	CERT	20g. EXTERNAL CAPRIMARY LAGO CO CAUSE OF DEATH	INTRIBUTING 📮		BE HOW INJURY OCCUR!								
19	SAL	20c. TIME OF INJU		Head	on contact w	ith	other player	r whil	e playing	foot	bal	1	
of.	MEDIC	. Hour o.m.		Whi	INJURY OCCURRED 200	e. PLACE factor	OF INJURY (Home, form y, street, office bldg , etc.)	20f. (City	or lows)	(Cour	nly}		(State)
	**	4:00 p.m	Sept.27		ork of work	U.S.	Naval Acade	emy A	nnapolis	Anne	Ar	unde	1_ Mc
		21. I certify t	hot I took shi	arge of the	remoins described	obov	e, held on Autopsy	/ 🔲 / 🔠	rspection [],	Inquiry		ond f	ind that
^		death resulted	difform: Notu	ral causes	, Accident 🔼	Suici	de 🔲, Homicide	□, U <sub>1</sub>	ndetermined co	ouse 🔲.			
ex			E. T.	4	1								
	76.	SIGNATURE	Den	- rely	,		M.D. CHIEF MEDICAL EX	AMINER 🔲				DATE S	IGNED
		EXAMINER'S	101		11		ASSISTANT MEDICA	AL EXAMINE	R 🔲		~	/	11.
		NAME (Type)	(o' h./	10 100	KUT		DEPUTY MEDICAL E	XAMINER 5	3		91	78	161
	220	REMOVAL (Specify	A	IEREOF .	22c. NAME OF CEMETER	Y OR C	REMATORY //	22d LOCAT	TION (City, lawn, or	county)	-/	(State	)
	Δ	a receive	9/27	161	Chiller	TREAC	Brek Nord	17	ifed	- she	21	ند مهير	
	32	FUNERAL DIRECTO	B'S SIGNATURE	Frence	A ADDRESS fine	and the		8Y REGIST					
	1	23015- 1	Det Eler	Pa 150	Mundage	-6	7170 DAGGT	2 '61	Culla	7 8. th	merch		
				<del></del>									



**CERTIFICATE OF DEATH** 9809 if director, filed with PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution- Residence before admission) COUNTY a. STATE **b** COUNTY MARYLAND Anne Arundel Maryland Leteral eder funeral old be fi CiTY OR TOWN (if outside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give nearest town) Annapolis Annapolis d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? Homewood Nursing Home YES NO F 30 Momroe Court NAME OF First Middle 4. DATE Month filled are Yeor DECEASED DEATH (Type or print) Jane MollieFord 19 63 September 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS B. DATE OF BIRTH Manths Dovs Hours DIVORCED [ popers. Female WIDOWED | White yes. 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY during mast of working life, even if retired)
House wife bon bon er de own home Maryland TISA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Charles A. Miller physica Anna Lankford IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address ottending Mr. George W Ford- Son- Riva, Maryland CAUSE OF DEATH [Enter only one cause per line far (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH ₫ PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) INOMA OF BREAST, METAS DUE TO <u>خ</u> Hit. Conditions, if any, which gned gave rise to immediate 2.5 **DUE TO** cause (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO R 200 ACCIDENT WAS UNDERLYING D 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) OR CONTRIBUTING I CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month. 204 INITURY OCCURRED PLACE OF INJURY (Home, form, 20f. (City or fown) Day, Year (County) (Stole) factory, street, office bldg., etc.] O. 70 Not while of work at wark 21. I certify that I attended the deceased from. St. Pl.... 1961, that I last saw the deceased oched and that death occurred at 4 17 M, from the causes and on the date stated above RECTOR: alive on ADDRESS (Street, city or lawn, state) DATE SIGNED ACTUAL SIGNATURE P NAME (Type)\_ Edward S. Back 73 Franklin Street, Annapolis, Md. FUNER 3 22b DATE THEREOF 220. BURIAL, CREMATION, 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City town, or county) (Stote) REMOVAL (Specify) Sept. 7. 61 Millcrest Cometery Burial Annapolis, Maryland 2 23 FUNERAL DIRECTOR'S STONATURES ADDRESS 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) HoppingFuneral Home Annapolis, Maryland DATE SEP 8 Cothun & House 15M 10/57

hours ofter deoth; Poge

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND RTIFICATE OF DEATH Item 7. Film # G297 2. USUAL RESIDENCE (Whare deceased I vad, If institutions 1. PLACE OF DEATH a. COUNTY B. STATE b. COUNTY Anne Arundel Anne Arundel MARYLAND b. CITY OR TOWN ( f outside corporate limits. c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) C LENGTH OF STAY IN 16 write RURAL and give neerast town) Annapolis Annapolis d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a, IS RES DENCE ON A FARM? Pleasant St. YES NO XX Anne Arundel General Hospital Middle Last 4. DATE Month Year DECEASED OF (Typa or print) DEATH 1961 GANTT Sept. James 6 COLOR OR RACE 17. MARRIED NEVER MARRIED B. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS last birthday) Months Days W.DOWED T DIVORCED March 16, Male Negro 10a. USUAL OCCUPATION IG YE kind of work 10b. K ND OF BUSINESS OR INDUSTRY, 11, B.RTHPLACE (County & Stete, or foreign country) 1 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) U.S. Maryland M ä 13. FATHER'S NAME MOTHER'S MAIDEN NAME (Yas, no, or unkown) [ (Ifyasgivawarordetasofservice) 18. CAUSE OF DEATH [Enter only one cause per fine for (a), (b), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Conditions, if any, which gave risa to immedieta causa DUE TO (a), stating the undarlying causa last. PART II. OTHER STANFICANT CONDITIONS CONTRIBUTING TO REATH BUT NOT LEATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0), 19. WAS AUTOPSY PERFORMED? YES XX NO 200. ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURED. (Enter natura of injury in Part I or Part II of Itam 18.) OR CONTRIBUTING TI CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 200 PLACE OF INLURY (Home, farm , 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Dev. Yeer factory, street, offica bldg., atc.) While Not Whila Hour a.m. at work at work 21. I certify that (1) COCONOCIO attended the deceased from Manual A.M. from the causes and on the date stated above. ... and that death occured at. saw, the deceased alive on **ATTENDING** PHYS. DIRECTOR PHYS. M.D PHYSICIAN'S 22d ADDRESS NAME (Type) R. L. Richardson, M.D. 110 Clay St., Annapolis, Md. FUNE 1 23ch NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 0.50 25e. REC'D BY REGISTRAR 266, REGISTRAR S SIGNATUR DATE SEP 2 6 '61 VR A15 (4) Children S. Thous 15M 9/60



RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where dacessed I ved, If institution, Residence before edmission) e. COUNTY a. STATE b. COUNTY 17 th Anne-Arunde I MARYLAND Mary Land Anne Arundel b. CITY OR TOWN (if outside corporate limits. c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) c. LENGTH OF STAY IN 1b write RURAL and give neerest town) E after 63 Years Annapolis Annapolis sebs d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? YES NO X USNH, Annapolis, Maryland 144 Charles Street 4. DATE Middle Month Year DECEASED OF (Type or print) 1961 GEARING September Fulford 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED 9. AGE (In years | IF UNDER I YEAR ! IF UNDER 24 HRS. carbon 8 DATE OF BIRTH pue lest buthday) Months WIDOWED DIVORCED . 23 September 1898 63 yrs. Male Caucasian physician 12. CITIZEN OF WHAT COUNTRY? 10e. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY | 31 BIRTHPLACE (County & State, or foreign country) remove done during most of working life, even if retired) U.S. Navv Anne-Arundle, Maryland LISA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please \$ Henry C. GEARING Ellen (n) TUCKER 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Address Maryland (Yes, no, or unkown) | (Ifyesgive weror deles of service) (w) Nancy (n) GEARING, 144 Charles St. Annapolis, WW 1 and WW 11 18. CAUSE OF DEATH (Enter only one cause per I na for (e), (b), and (c), PART I. DEATH WAS CAUSED BY: Carcinoma of the Lungs with Metastases 9 Months IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gave risa to immadiate cause **DUE TO** (a), steting the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? YES IX NO TO 208 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED. (Enter natura of injury in Part I or Pert II of item 18 ) After 20c. TIME OF INJURY Month, Day, Yeer 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, 20f. (City or lown) (County) factory, street, office bldg., etc.) While Not While Hour a.m. at work et work may be retaine DIRECTOR: 21. I certify that (i) (this hospital) attended the deceased from. I.A. Sept......, 1961, to 26...Sept......, 1961, that (i) (we) last 26 Sept. / 1961., and that death occurred at 7:1.500 from the causes and on the date stated above. saw the deceased alive on... 22a. SIGNATURE SIGNED ATTENDING DIRECTOR PHYS. PHYS. 61 22c. PHYSICIAN S 22d. ADDRESS NAME (Type) USNH, Annapolis, Maryland KNOX LT MC USN ector, NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown or county) 23a, BURIAL, CREMATION, 23b. DATE THEREOI 23c. REMOVAL (Specify) 0 250. REC'D BY REGISTRAR | 256. REGISTRAR'S SIGNATURE CONERAL DIRECTOR'S **ADDRESS VR A15 (4)** 15M 9/60

## V

M 2 should a should a

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after the seath. If the may be retained by the hospital or attending physician.

A death. If the may be retained by the hospital or attending physician. If the may be retained by the input of the state of the seather than the state of the state of the seather of the seather of the state of the state of the seather of

## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

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N OF STATISTIC	CAL RESEARCH AND	RECORDS,	301 W. PREST	ON STREET, BALI
9812	CERT	<b>FIFICATE</b>	OF DEAT	'H

$\setminus$	1. PLACE OF DEATH  •. COUNTY	2. USUAL RESIDENCE (Where deceased fived, if indicate A deceased before admission)
Ш	Anne Arundel Maryland	a. STATE B. COUNTY Maryland
	b. CITY OR TOWN (if outside corporete limits, write RURAL and give nearest town)  Annapolis	c CITY OR TOWN (If outside corporate Limits, write RURAL and give necrest town)  Baltimore
	d. NAME OF HOSP,TAL OR INSTITUTION (if not in hospitel, give street address)	d. STREET ADDRESS   a. IS RESIDENCE
	Anne Arundel General Hospital	IO Rene Avenue
	3. NAME OF First Middle	Lest 4 DATE Month Day Yeer
	DECEASED (Type or print)	OF DEATH CONTROL OF 19 (2)
	Clarence M.  5. SEX  6. COLOR OR RACE   7. MARRIED   NEVER MARRIED     8.	DATE OF BITH 9 AGE (In VBBIS IF UNDER LYEAR I IF UNDER 24 HRS.
		lest birthdey) Months Days Hours Min.
	Male White WIDOWED DIVORCED F.  10a. USUAL OCCUPATION (G ve kind of work 10b. KIND OF BUSINESS OR INDUSTRY	ebruary 25, 1906 55 15.
	done during most of working life, even if retired)	
	Checker Davidson Transfer	Foxwell, Va.
	Jessie George	Unknown
Н	15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. IIN.	
	(Yes, no, or unkown) (Ifyesgive war or detes of service)	501000
	no 212-09-1177 Ade	ele Grod George, wife, 2006 E. Madison
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:	NTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Illyocardia I	nfarction. 5 minutes
	nus to	11
	Conditions, if eny, which (b) Arteriosclerotic	Heart Disease 4 years
	geve rise to immediata cause (a), stating the underlying DUE TO	,
	cause fest. (c)	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT	RELATED TO THE TERMINAL DISEASE CONDIT ON GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT Terminal arterities of froth Le	YES NO X
	206 ACCIDENT WAS UNDERLYING 206. DESCRIBE NOW NUTRY OCCUPED.	Enter netura of injury in Pert I or Part I of Item 18.)
	7.4	E OF INUJRY (Home, form, 20f. (City or town) (County) (State) y, street, office bldg., etc.)
	Hour a.m. While Not While tactor	the state and the state of the
	21. I certify that (I) (this hospital) attended the deceased from.	
		death occured at. M., from the causes and on the date stated above.
	22e. SIGNATURE O O O	22b. DATE
	Michigal V. Horkinger MD	ATTENDING MED STAFF SIGNED
	22c, PHYSICIAN'S	22d ADDRESS
	NAME (Type) Dr. Richard I. Hochman	Cathedral St., Annapolis, Md.
	238. BURIAL, CREMATION, 236. DATE THEREOF   236. NAME OF CEMETERY OF	R CREMATORY 23d. LOCATION (City, town or county) (State)
	Birlal 9/29/61 Oak Lawn Cor	metery Baltimore, Md.
	24 FUNERAL DIRECTOR'S SIGNATURE SCHIMUNER HUMETAL HOME, TADDRESS	258. REC'D BY REGISTRAR   25b. REGISTRAR'S SIGNATURE
ł	Schimunek Funeral Home, Inc. 2001-3-5 E. Madison St.	DATE SEP 2 7 161 Carthur S. Kraus



RYLAND STATE DEPARTMENT OF HEALTH 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND **DIVISION OF STATISTICAL RESEARCH AND RECORDS** CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased I yed, if institution a. COUNTY **b.** COUNTY Anne Arundel MARYLAND Anne Arundel b. CITY OR TOWN (if outside corporate limits, E LENGTH OF STAY IN 16 c. CITY OR TOWN (If outs do corporate limits, write RURAL and give nearest town) write RURAL and give nearest town! Annapolis Annapelis d. NAME OF ROSPITAL OR INSTITUTION (if not in hospital, give straet address) d. STREET ADDRESS Anne Arundel General Hospital Oak Court 3. NAME OF M ddla DATE Month DECEASED OF (Typa or print) GILLMAN DEATH Ethel Sept. and cor carbon it, within 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years HE UNDER 1 YEAR last birthday) Months Female WIDOWED [X] DIVORCED T Nov. 9 physician 10a. USUAL OCCUPATION (Give kind of work 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY! гетоме done during most of working lifa, aven if ratirad) Maryland HOUSE 13. FATHER SNAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED FER IN U.S. ARMED FORCES?
(Yas, no, or unkown) Hifyasg va war or dates of service) 1 16. SOCIAL SECURITY NO. 17. INFORMAN' 18. CAUSE OF DEATH [Enter only one cause par ine for (a), (b., and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which ' gava risa to immadiata cause DUE TO (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY 20b. DESCRIBE HOW INJURY OCCURED, (Entar natura of injury in Part I or Part II of itam 18.) 20a. ACCIDENT WAS UNDERLYING []
OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED | 20a, PLACE OF INJURY (Homa, farm, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Yaar factory, strast, office bldg., atc.) Not While While Hour a.m. at work at work Sept. 21,1961, that (I) (w) last 1:10 A.M. 22a. SIGNATU ATTENDING MED. DIRECTOR PHYS. PHYS. 22d. ADDRESS 22c, PHYSIC, AN'S NAME (Typa) Frank M. Shipl 121 Cathedral St., Annapolis, Md. FUNE NAME OF CEMETERY OR CREMATORY 238. BURIAL, CREMATION, REMOVAL (Spacify)

a. IS RESIDENCE

Year

1961

IF UNDER 24 HRS.

PERFORMED? NO T

22b. DATE

(Stata)

SIGNED

U.S.

(County)

ON A FARM? YES NO X

0 VR A15 (4)

15M 9/60



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be reasonable by the hospital or attending physician.

TO FUNERAL FIRECTOR: After this certificate has been signed by the attending physician and campletely filled in the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon popers. Pages 1 at should be filed with the State Board of Health prior to burial, cremation, at removal, and in any event, within 72 haurs after death.

VR A1S [4] 15M 9/59

MARYLAND	STATE	<b>DEPARTMENT</b>	OF HEALTH	
<b>DIVISION OF STATISTICAL</b>	RESEARCH	AND RECORDS	BALTIMORE 1, MA	RYLAND

GRATIFICATE OF DEATH							
	LACE OF DEATH  2. USUAL PESIDENCE (Where deceased lived of institution: Residence of institution						
8	CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b (LTTY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						
1	1. NAME OF HOSPITAL (If hot in hospital, give street address) 1. O 0 3 1 By Nest Street 2003 - Bi Nest St, VES NOW  NEW YES NOW  NOW  NOW  NOW  NOW  NOW  NOW  NOW						
DI (T	IAME OF First Middle Lost 4. DATE OF DEATH Day Year 1961  Type or print Death Day 1961						
5 5	1/all (pl widowed Divorced 3-20-1918 43 yrs. Months Days Hours Min.						
2	USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY HERITIPLACE (State or foreign country),  12. CVIZEN OF WHAT COUNTRY?						
	Sam Gran Ether Givan						
	NAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANII  On or waknown 1  (If year, give wor or dates of service)  446-20933 LOUISE GILLISTAN 2003 Billest Si						
	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: Clarification with webstary						
	Conditions, if ony, which gove rise to immediate couse (o), stating the under-lying couse last.  DUE TO  DUE TO  Lying couse last.						
MEDICAL CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO						
CERTIF	20a ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)						
MEDICA	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o m.  p. m 19 of work o						
	21. I certify that (1) (this hospital) attended the deceased fram 4 100 190 10 40 19 19 that (1) (we) last saw the deceased alive an 9 10 19 and that death occurred at 124M, from the causes and on the dote stoted obove.  220 5 GNATURES 7						
	ATTENDING MED DIRECTOR STAFF SIGNED  22c PHYSICIAN'S  22d. ADDRESS						
	NAME (Type) A T, A LLEN 61 CATHEDMAL)						
1	BURIAL, CREMATION, 236 DATE THEREOF 230 MANY OF CEMETERY OR PREMATORY 23d LOCATION (City, town, or county) (Specify) Semoval (Specify) G-17-6/ Chems Chaple Owens (City, town, or county)						
23 1	FUNERAL DIRECTOR'S SIGNATURE 256 REGISTRAR'S						



FOR STATE HEALTH DEPT TO DEF INEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any vivis mecessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the full director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit, file pages 1 and 2 with the State Board of Health, or its designated allent, prior to burial, cremation, or removal, and in any event within 77 should after death.

> VS. AISME 5M 9/60

## MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 9815 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	1. PLACE OF DEATH  o. COUNTY	2. USUAL RESIDENCE (Where decessed lived, If institution: R	esidence before edmission)			
	Anne Arundel MARYLAND	Maryland b. COUNTY Ann	e Arundel			
Ì	b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 1b write RURAL end give necrest town)	c. CITY OR TOWN (If outside corporete limits, write RURAL end				
1	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d, STREET ADDRESS	e. IS RES.DENCE			
4		Box 152, Annapolis Blvd.	ON III FARM?			
No.	Woods rear of home, Box 152, Annand.  NAME OF DECEASED Blvd.	Last 4. DATE Month OF	Dey Year			
	(Type or print) ANDREW B.	GRANT DEATH September				
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8.	DATE OF BIRTH 9. AGE (In years IF UNDER 1 lest thdey) Months				
	Male   Colored   wildowed   DIVORCED   //	-11-1400   60 yrs.	nous Mis.			
	10a USUAL OCCUPATION (Give kind of work done dying has of working life, even if refired)	m. I	ZEN OF WHAT COUNTRY?			
		14. MOTHER'S MANDENINAME	А			
ı	(The state of the state of	I Viallotte (XN)	bo and			
ı	15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. IN	FORMANT Address	reco oc			
ļ	(Yes, no of unidwn) (Ifyesgivewerordelesofservice)					
	1 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).)	•	INTERVAL BETWEEN			
ı	PART I. DEATH WAS CAUSED BY:					
	795.0 Due to	· · · · · · · · · · · · · · · · · · ·	Mar. 2777			
	Conditions, if eny, which \ (b)					
1	geve r'se to Immediate cause					
ł	(e), stating the underlying but to					
1	14/	RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(e) 19. WAS AUTOPSY			
И	DIA.		PERFORMED?			
\		er neture of Injury in Pert I or Pert II of item 18.)	110			
1			_			
	(	COF INJURY (Home, farm, 20f. (City or town) (County, street, office bldg., etc.)	ty) (Slete)			
ı	Hour e.m.  p.m.  19  While Not While et work et work					
	21. I certify that I took charge of the remains described above, held	an Autopsy 🔏 Inspection 🗍, Inquiry 🗍,	and in my opinion			
	death resulted from: Natural causes . Accident . Suicide	e . Homicide . Undetermined manner 🛣				
V		CHIEF MEDICAL EXAMINER				
	SIGNATURE Charles S. Petty	_M.D. ASSISTANT MEDICAL EXAMINER	DATE SIGNED			
-	EXAMINER'S	DEPUTY MEDICAL EXAMINER	9/18/61			
	NAME (Type) Charles S. Petty, M.D.	Address (Street, city, town, or county)				
	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR C	110 0	(Slete)			
	23. FUNERALDIRECTOR ADDRESS	sell amajoris	), A.			
M. OD.						
ŀ	Villiam & flese 11 - wing. Mg	DATE SEP 1 9'0 / Comm A.	/ U.S.			





DIVISION OF STATISTICAL RESEARCH AND RECORDS. STREET, BALTIMORE 1, MARYI CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before edmission) a. COUNTY a. STATE **b.** COUNTY MARYLAND CITY OR TOWN (if outside corporete limits, LENGTH OF STAY IN 16 QUY OR TOWN (If outside corporate limits, write RURAL and pige nearest lown) Ohis .⊑ \* d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) NAME OF DECEASED OF HARMON (Type or print) Elizabeth DEATH 6. COLOR OR RACE TO MARRIED NEVER MARRIED AGE (In years lest birthdey) pue WIDOWED D DIVORCED physician 10e. USUAL OCCUPATION (Give kind of work 900 10b. KIND OF BUSINESS OR INDUSTRY done during rights of working I fa, even if retired) @1 pleas attending WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknwn) | (Ifyes give war or detes of service) 18. CAUSE OF DEATH [Enter only one cause per ine for (e), (b., and (c).) PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUF TO CEREBRAL ARTERIOSCHEROSIS Conditions, if any, which gava risa to immediate causa. DUE TO (a), stating the underlying couse lost. PART II OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 19. WAS AUTOPSY certificate ospital 50 use 208. ACCIDENT WAS UNDERLYING [ 20b. DESCR BE HOW INJURY OCCURED, (Enter nature of injury in Pert I or Pert II of item 18 ) OR CONTR BUT NG [ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED . 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) While Not While Hour a.m. et work et work e.m. 1955 to 2.6 SEPI, 1961, that (I) (we) last 21 | certify that (1) (this hospital) attended the deceased from.. . July saw the deceased alive on A.S. SEPT...19 64, and that death occured at 8.A.M. from the causes and on the date stated above. ATTENDING STAFF MED PHYS. DIRECTOR PHYS. 22d. ADDRESS NAME (Type) Franklin St., Annapelis, Md. FUNE Dr. Edward S. Beck 23d. LOGATION (City, town or county) BURIAL, CREMATION, L MOVAL (Specify) 0 REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

e. IS RESIDENCE ON A FARM? YES NO IX

IF UNDER 24 HRS.

Hours

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED?

NO D

(Stete)

22b. DATE

(Stelle)

SIGNED

12. CITIZEN OF WHAT COUNTRY?

JF UNDER 1 YEAR

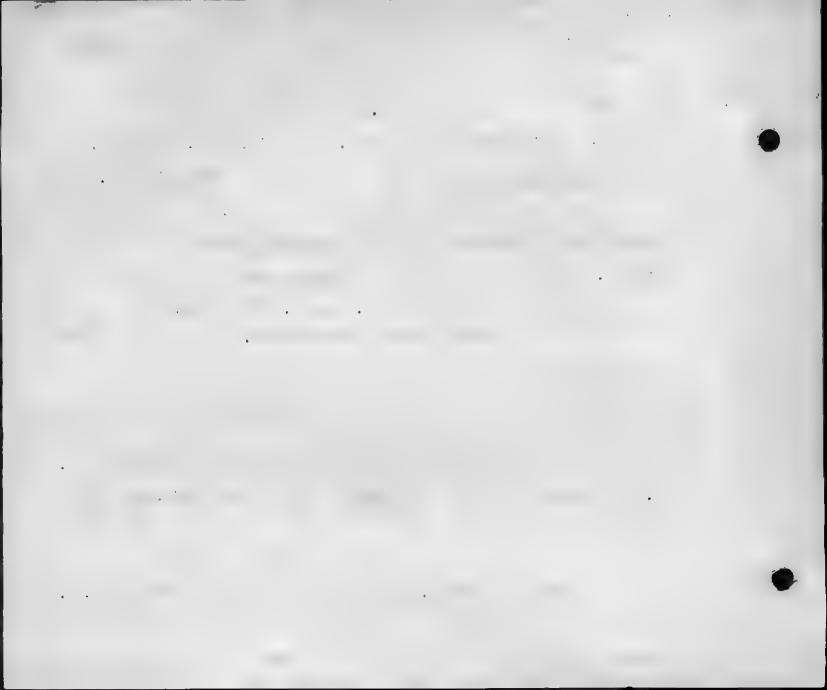
(County)

Months



Division of STATISTICAL RESEARCH PRESTON STREET, BALTIMORE 1, MARYLAND PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased I yed, If institution: Residence before admission) a. COUNTY Anne Arundel Page Marvland files. Anne Arundel MARYLAND b. CITY OR TOWN (if outs de corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) director, write RURAL and give nearest town) your d of i Glen Burnie Few seconds X Glen Burnie d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS . IS RESIDENCE ON A FARM? 15 mile South of Glen Burnie. 914 Phylen Court.Glen Burnie. YES NO X 3. NAME OF DECEASED eų. (Type or print) DEATH September 2rd. 19 61 Charles Hickey AGE (In years HE JNDER 1 YEAR B. DATE OF BIRTH IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED last birthday) WIDOWED [ DIVORCED [ 10a USUAL OCCUPATION (Give kind of work 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if relired) Medical Technicologist (Federal San Antonio , Texas USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 0.2 <u>Frank L. Hickey</u> Argerru Belk 15. WAS DECEASED EVER IN J.S. ARMED FORCES? | 16. SOCIAL SECUR TY NO. 17. INFORMANT Address permit. (Yes, no, or unknown) I (If yes give we ray detes of service) IB. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c) ] Mr. Frank L. Hickey (father) INTERVAL BETWEEN Office along burial-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY: and Fracture of skull, crushed chest. Sudden IMMEDIATE CAUSE (e) **DUE TO** geve rise to immediate ceuse Ø DUE TO (e), stelling the underlying 88 cremation, PART II, OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? 200 Word NO T plnoys 20a. EXTERNAL CAUSE WAS 20b. DESCR BE HOW INJURY OCCURED. (Enter nature of njury in Part I or Part II of item 18.) Chies Page 3 sh. burial, PRIMARY OF CONTRIBUTING CAUSE OF DEATH. Hit two cars, one heading North and theother heading South. 20d. INJURY OCCURRED 1,-20a. PLACE OF INJURY (Home, farm, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year (County) (State) factory, street, office bldg., etc.) al work Glen Burnie, A.A. Route 3-B he R: P; at work 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection X. ₽ Ö Inquiry X and in my opinion Accident X. Suicide Homicide Undetermined manner death resulted from. Natural causes I DIREC CHIEF MEDICAL EXAMINER execute the ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for FUNERAL 1 SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S Gustave H. Faubert, M.D. NAME (Type) Glen Burnie, Md. Address (Street, city, town or county) DEP 22a, BURIAL, CREMAT ON. 22b. DATE THEREOF 22d. LOCATION (City, lown, or country) DEMOVAL (Spec'fy) g40 p JURIA 23. FUNERAL DIRECTOR 246. REGISTRAR'S S GNATURE V5. A15ME 5M 9 60

AARYLAND STATE DEPARTMENT OF HEALTH



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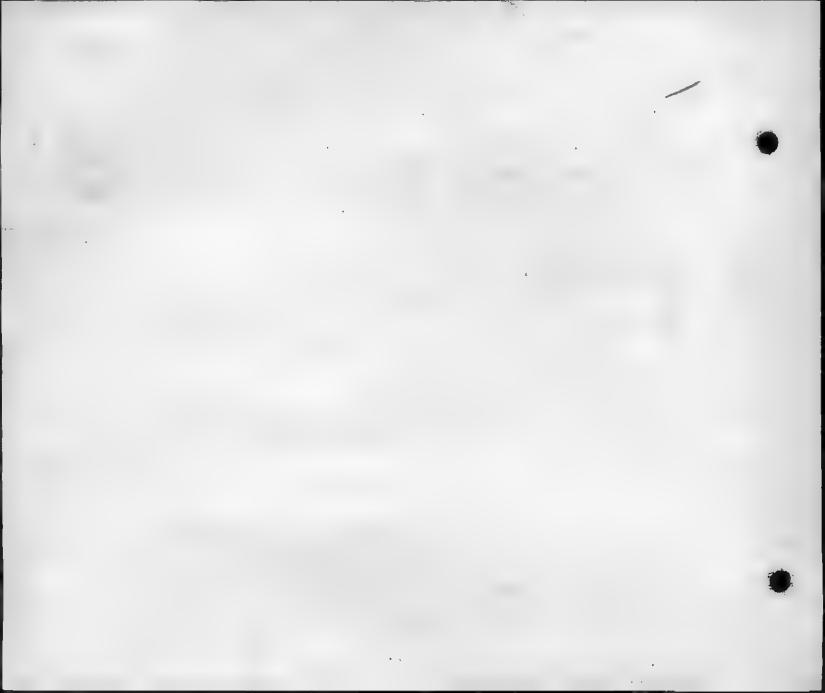
## MARYLAND STATE DEPARTMENT OF HEALTH

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	<b>DIVISION OF STATISTICA</b>	L RESEARCH AND	RECORDS -	BALTIMORE 1	i, MAR
9819	CE	RTIFICATE	OF DE	ATH	

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stitution	Residence before admission)	

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	b CITY OR TOWN (if outside carporate limits, write RURAL and give nearest town)  Breeklyn Park			_	c. LENGTH OF STAY IN 1b c CITY OR TOWN (If outside corporate limits, v Breeklyn Park			, write RURAL and give nearest town)							
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	NAME OF DECEASED (Type or print)	Deris !	a (agda)	ene H	Middle • ward		Last		OF DEATH	Sept	. 25		Da	,	9 <b>61</b>
-	s sex Female	6 COLOR OR RACE	7. MARRI WIDOWE	_	MARRIED [		of BIRTH	1927		9 AGE (in lost birth		Months	Days	Hours	R 24 HRS Min,
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ī	3. FATHER'S NAME					14. N	OTHER'S M	AIDEN NA	WE						
	John Ne	enan					Mary	Magh	es						
	5, WAS DECEASED EVER	IN U.S. ARMED FOR		SOCIAL SECUR	ITY NO 17	INFORMA	NT				Addr	ess			
	Ne			15-22-9	326 M	r. Ja	mes N.	. Hew	ard	Sa	me				
Г		TH [Enter only one co	, m	e for (o), (b),	and (c). }		7 6			11	FA	L		RVAL BET	
	PART I, DEAT	TH WAS CAUSED BY IMMEDIATE CAUSE (c	1	anci	rom	~ [	()7	100	47 0	Mel	ole	sis		HU	10.
	175.0	DUE TO	)			U			0					•	
	Conditions, if an		1)										_		
	gove rise to in cause (a), stating t														
1	lying cause last.	) (c		ON ITRIBUTION OF	TO DEATH D		I APER TO T	AE TERAMA	DISEASE	COLIDITIO	2010	F1 15 15 15 15 15 15 15 15 15 15 15 15 15	NT 1(=) 1	D 14/45	LUTORCY
4	Ž	ER SIGNIFICANT CON	IDITIONS <u>C</u>	ONTRIBUTING	TO DEATH 8	UI NOI RE	LATED TO T	HE LEKMIN.	AL DISEASE	CONDIN	JN GIV	EN IN PA	(1-1(0))1	PERFO	RMED?
		S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	RIBE HOW IN	JURY OCCUR	RED (Enter	noture of it	njury in Po	rt I or Port	ll of item	18 )				
	20c. TIME OF INJURY Hour a.m.	Y Month, Day, Ye	While	IJURY OCCURI Nat while of work	_		INJURY (Ho eet, office b		20f. (City	or fown)		(	County)		(Stote)
	21. I certify that	t (1) (this hospita	l) attend	ed the dec	eased from	15	-28	, 126	0, to	9-2	5	, 19.4	2. L. th	at (I) (s	we) last
	saw the deceas	ed alive an	1-25	1961	and that	death o	occurred o	at LP.A	A, fram	the caus	es an	d an th	e date	stated	abave
	22a SIGNATURE	1		sec	and a	M.D A	TTENDING	MED DIRE	ctor [	STAFF PHYS [		Ser	ot. :		DATE SIGNED
	22c PHYS CIAN'S NAME (Type)					22	d. ADDRESS						3.0		
		Aaren C.	Selle	d			707	E. Fe	rt Av	e. B	alt	imore	, Me	1.	
	23a BUR AL, CREMATION REMOVAL (Specify)				OF CEMETERY				3d LOCAT	- '				(\$tate	:)
-	Burial 24 FANERAL DIRECTOR"	Sept. 28	, 196	ADDRESS	Haven	Mem.			len B			ELTYLE		2F	
	Herry 17	1/	4001	Ritchi		(25)	f			61		Lithury			
(	eerge J. G	dence													



### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

SERVICE OF DEATH

OSCIPLIANO

OSCI

1.	B. PLACE OF DEATH B. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission)
/[	Anne Arundel MARYLAND	Haryland Anna Amindel
-	b. CITY OR TOWN (if outside corporate l'mits, write RURAL and give neerest town)	c. CITY OR TOWN (II outside corporate limits, write RURAL and give nearest fown)
	Glen Burnie 6 months	Saverna Park , Earleigh Hts.
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, g.ve street eddress)	d. STREET ADDRESS  6. IS RESIDENCE ON A FARM?
	Plaza Manor Nursing Home	Rt. 2 Box 383
	DECEASED	OF
	(Type or print) Carrie Jeffries	DEATH September 3 19 61.
	5. SEX 6. COLOR OR RACE 7, MARRIED NEVER MARRIED 8.	DATE OF BIRTH  9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.    Lest birthdey)   Months   Devs   Hours   Min.
-	Female   Negro   widoweb   Divorceb   100. USUAL OCCUPATION (Give kind of work 100. KIND OF BUSINESS OR INDUSTRI	July 11, 1878 83 vs.
-1	done during most of working I te, even if retired!	
- 1-	Matron-Penn.R.R. Station Railroad	Richmond, Virginia U.S.A.
Т	William Jeffri <b>ê</b> s	Martha Brown
-	15. WAS DECEASED EVER IN U.S. ARMED FORCEST   16. SOC.AL SECURITY NO. 17. II	NFORMANT Address
П	(Yes, no, or unkown) (lifyesgive-werordetesofservice) 1114-12-1784 MT	s. Alice Brown-A.A.Co.D.P.W.
-	18. CAUSE OF DEATH [Enter only one cause per ine for (e), (b), end (c).]	1 INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMED ATE CAUSE (e) Arteriosclerotic co	ardiovascular disease   ONSET AND DEATH
		ardiovascular disease
	4221 DUE TO	
	Conditions, if any, which (b)	
1	(a), stating the underlying DUE TO	
1.	ceuse last. (c)	TOTAL TO TO THE PERMANAL DIFFERS COMMIT ON CHIENTANDARY (L. 10 WAS ALTODEY
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO  206. ACCIDENT WAS UNDERLYING 1 206. DESCRIBE HOW INJURY OCCURED.  OR CONTRIBUTING 1 CAUSE OF DEATH 1 (IF EITHER, NOTIFY MEDICAL EXAMINER)	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS ALTOPSY PERFORMED?  YES [] NO [孫
	200. ACCIDENT WAS UNDERLYING []   206. DESCRIBE HOW INJURY OCCURED.	(Enter neture of in ury in Pert I or Pert II of tem 18.)
-	OR CONTRIBUTING [] CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	Janete State	CF OF INJURY (Home, ferm. 20f. (City or town) (County) (Stete)  ory, street, office bldg., etc.)
	Hour a.m. While Not While at work at work	
1	21. I certify that (I) (this hospital) attended the deceased from	March 15 _ 1961, to Sept. 3,, 1961, that (1) (we) last
	saw the deceased alive on August 19, 1961, and that	death occured at P. M., from the causes and on the date stated above.
	228. SIGNATUR	ATTENDING MED, STAFF 22b. DATE
	James III aven	
l	22c. PHYS CIAN'S NAME (Type)	22d. ADDRESS
١.	James M. Pair, M.D.	400 N. Carrollton Avenue Balto.23, Md.
	23a. BUR, AL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	
	Burial Silos Church	Earleigh Hgts. Md.
	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
	C.E.Hicks 111 Annamlis, Maryland	DATE SEP 11 '61 Cirilun & thous
-		



	CEDT	IFICATE OF DEATH	00040
<u> </u>		<u> </u>	09810
ΛÌ	1. PLACE OF DEATH a. COUNTY	- STATE	deceased lived, If institution, Residence before edmission. COUNTY
ᆛ		MARYLAND MARYLAND	ANNE ARUNDEL
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest lown)		rporata limils, write RJRAL and give neerest town)
-	ANNAPOLIS 1 Hr. 10	Min. JA ANNAPOLIS	In Breingal
1	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street	d. STREET ADDRESS	e. IS RESIDENCE ON A FARA
	U.S.NAVAL HOSPITAL, ANNAPOLIS, MARY	YLAND   /	YES NO
	DECEASED (Type or print)	OF DEAT	
ŀ	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MA	JOHNSON	H September 25 19 61  9. AGE (In years) IF UNDER 1 YEAR   IF UNDER 24 HR
			last birthdey) Months Days Hours Min
	TEMPLE I CAOC	S OR INDUSTRY 11. BIRTHPLACE (County & State)	or foreign country)   12. CITIZEN OF WHAT COUNT
	done during most of working life, even if retired)	ANNE ARUNDEL, M	
-	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	017140
		00000 0-414-	. 44
		CROSS, Cathlee	Sycamore Court
ı	(Yes, no, or unkown) (Ifyesgivewerordatesofservice)		
	10 CHIEF OF DEATH If the columns of the for fat (b) a	Eldon L. JOHNSON An	I INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	a. Tolle	ONSET AND DEATH
	IMAEDIATE CAUSE (e)	carry co	
	X DUE TO -LO	- aluket	
	Conditions, if enys which (b)	naturity	
	(a), steting the underlying DUE TO	malurity	
	(a), steting the underlying DUE TO couse lest.		
	(a), steting the underlying DUE TO		SE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOP PERFORMED
	(a), steting the underlying DUE TO couse lest.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO C	DEATH BUT NOT RELATED TO THE TERMINAL DISEAS	SE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOP PERFORMED YES NO
	(a), steting the underlying DUE TO ceuse lest.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO C  2Da. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJ. OR CONTRIBUTING CAUSE OF DEATH		SE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOP PERFORMED YES NO
	(a), steting the underlying DUE TO couse lest.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO C  2Db. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DEATH BUT NOT RELATED TO THE TERMINAL DISEAS	SE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOI PERFORMED YES NO
	(a), steting the underlying DUE TO couse lest.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Yoar 20d. INJURY OCCURR Hour a.m. While Not While	DEATH BUT NOT RELATED TO THE TERMINAL DISEAS	SE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOI PERFORMED YES NO
	Course lest.   DUE TO	DEATH BUT NOT RELATED TO THE TERMINAL DISEAS  URY OCCURED. (Enter nature of in ury in Pert I or Par  ED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	SE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOF PERFORMED YES NO 11 II of item 18.)  Sity or town) (County) (Steta
	Column   Contributing   Due to   Column   Contributing to course lest.   Column   Contributing to contri	DEATH BUT NOT RELATED TO THE TERMINAL DISEAS  URY OCCURED. (Enter nature of in ury in Pert I or Par  ED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	SE CONDITION GIVEN IN PART 1(a) 19. WAS AUTO PERFORMED YES NO 11 II of item 18.)  City or town) (County) (State of the county) (State of the county) (State of the county) (We)
	Column   C	DEATH BUT NOT RELATED TO THE TERMINAL DISEAS  URY OCCURED. (Enter nature of in ury in Pert I or Par  ED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	SE CONDITION GIVEN IN PART 1(a) 19. WAS AUTO PERFORMED YES NO 11 of item 18.)  City or town) (County) (State of the causes and on the date stated above
	Column   Contributing   Due to   Column   Contributing to course lest.   Column   Contributing to contri	DEATH BUT NOT RELATED TO THE TERMINAL DISEAS  URY OCCURED. (Enter nature of in ury in Pert I or Part  EED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)  Passed from. 25. Sep	SE CONDITION GIVEN IN PART 1(a) 19. WAS AUTO PERFORMED YES NO 11 of item 18.)  City or town) (County) (State on the causes and on the date stated above STAFF 22b. DA
	Columbia   Columbia	DEATH BUT NOT RELATED TO THE TERMINAL DISEAS  URY OCCURED. (Enter nature of in ury in Pert I or Part  EED 20e. PLACE OF INJURY (Home, form, factory, street, office bldg., etc.)  Passed from. 25. Sep	SE CONDITION GIVEN IN PART I(a) 19. WAS AUTOF PERFORMED YES NO 11 II of item 18.)  City or town) (County) (Steta on the causes and on the date stated ab 22b. DA
	Columbia   Columbia	DEATH BUT NOT RELATED TO THE TERMINAL DISEAS  URY OCCURED. (Enter nature of in ury in Pert I or Part  EED 20e. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.)  Passed from. 25. Sep	SE CONDITION GIVEN IN PART 1[a] 19. WAS AUTOP PERFORMED YES NO [ It II of item 18.]  City or town) (County) (Stete on the causes and on the date stated about the causes are caused the causes and on the date stated about the causes are caused the caused
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#### Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institutions Residence before edmission) e. COUNTY b. COUNTY Same Same. 85 A Anne Arundel MARYLAND b. CITY OR TOWN ( f outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete I m ts, write RURAL end give neerest town) write RURAL and give neerest town) Brooklyn Park Same 13 vears d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? 5236 Wassing Ave. Wasena Ave. Same YES NO X Stah 3. NAME OF 4. DATE Month DECEASED the (Type or print) DEATH Anna Carolyn Jones 19 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 5. SEX B. DATE OF BIRTH AGE (In years I.F UNDER 1 YEAR) IF UNDER 24 HRS. last birthdey) Months WIDOWED [ DIVORCED 10a. JSUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY! done during most of working life, even if retired! USA Housewife Baltimore, Md. At Home 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Charles Swanberg Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO. 1 17 INFORMANT Address (Yes, no, or unkown) ((If yes give wer or detes of service) Mr. Charles R. Jones Sr. (husband) None 1B. CAUSE OF DEATH [Inter only one cause per line for (e), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: Self strangulation Sudden IMMEDIATE CAUSE (a) Office DUF TO burial Mental condition 5 months (b) geve rise to immediate cause **DUE TO** (a), steting the underlying used PART II. OTHER S.GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e), 19. WAS AUTOPSY PERFORMED? 8 NO 3 plnous 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Part II of item 18. end to (water). PRIMARY TO OF CONTRIBUTING CAUSE OF DEATH. a pipe the Cr. 5R: Page 3 s. to burial, of aplastic cord around her neck and the other 20c. TIME OF INJURY fectory, street, office bldg., etc.) et work st work Home Brooklyn Park. A.A. Md. 21. I certify that I took charge of the remains described above, held an Autopsy [1]. Inspection X. Inquiry X and in my opinion 20 rded | Suicide 1 Undetermined manner death resulted from: Natural causes Accident Hamicide L DIRI CHIEF MEDICAL FXAMINER ASSISTANT MEDICAL EXAMINER [ 9/11/6] DATE SIGNED lease execute should be for FUNERAL r its designate DEPUTY MEDICAL EXAMINER T **EXAMINER'S** NAME (Type) Address (Street, city, fown, or county) 22d. LOCATION (City, Iown, or country) 220 BURIAL CREMATION CEMETERY OR CREMATORY REMOVAL (Specify) <u>9</u>40 p Parkwood Parkville Burial 24e REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE **FUNERAL DIRECTOR** VS. AISME

MARYLAND STATE DEPARTMENT OF HEALTH



DIVISION OF STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY-ANNE ARUNDEL COUNTY MARYLAND b. CITY OR TOWN (if outside corporete I mits, c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporata | mits, write RURAL and give neerest town) write RURAL and give nearest lown) BALTIMORE Y. m. 4-0 CROWNSYILLE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? 707 ALLEGANY PLACE CREWNSYILE STATE HOSP YES NO completely on papers. Ithin 72 hou 3. NAME OF 4. DATE Middle Month DECEASED CLAUDIA JONES SEPTEMBER 16 DEATH (Type or print) MAE 1961 within 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 8. DATE OF BIRTH AGE (In yeers | IF JNDER 1 YEAR IF UNDER 24 HRS. last birthdey) Months FEMALE NECRO WIDOWED DIVORCED 10e. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) SOUTH CAROLINA U, SU. HOUSEWIFE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME RRANK GREEN ELIZABETH GREEN 15. WAS DECEASED EVER IN U.S. ARMED FORCEST . 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknwn) (Ifyesgive wero; dates of service) Crownsville State Hosp 18. CAUSE OF DEATH Enter only one ceuse Massive pulmonary embolism, acute CRIBIO CLOSA IH IMMEDIATE CAUSE (e) Syphilitic cardiocascular disease DJE TO Conditions, if any, which (b) geva rise to immediate cause DUE TO (a), stelling the underlying ceuse last. PART II, OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1, 81 19. WAS AUTOPSY Qeneral obesity

OR CONTRIBUTING CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) PERFORMED? NO ă After this centrached for of Health pr 20d. NJJRY OCCURRED 2De. PLACE OF INJJRY (Home, ferm, 20f. (C'ty or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year fectory, street, office b dg., etc.) While Not While Hour a.m. at work et work 1950, to 9/16 1961, that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from...... and that death occurred at 20 p.M. from the causes and on the date stated above saw the deceased alive of 22e. SIGNATURE 22b. DATE SIGNED 9/18/61 X PHYS. PHYS. DIRECTOR 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) Crownsville State Hospital, Crownsville, Md Benedict. M.D. 23d, LOCATION (City, town or county 23a. JUR AL, CREMATION direct be file VR A15 (4) 15M 9/60

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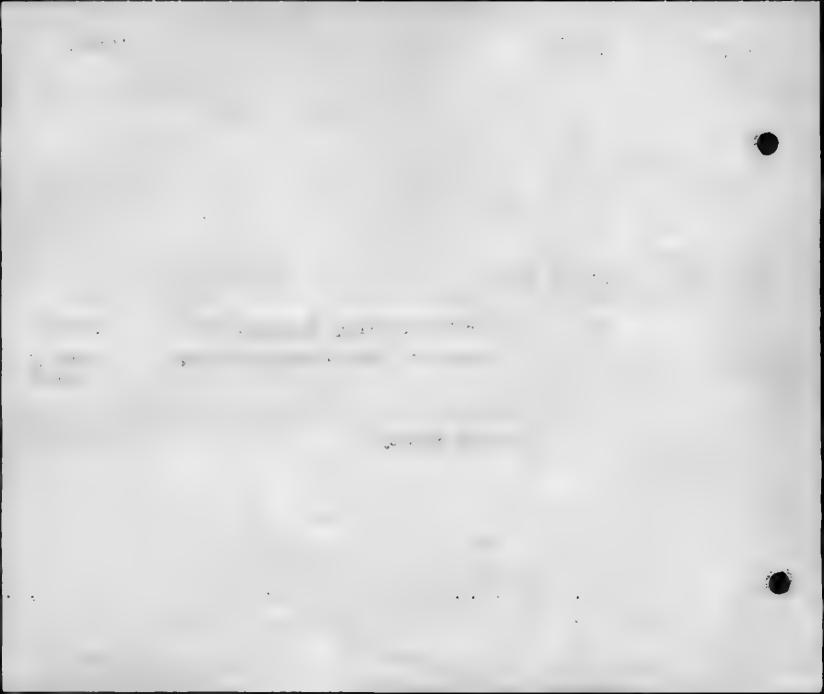
certificate

DIRECTOR:

FUNE

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RYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

9824 CERTIFICATE OF DEATH

09813

1. PLACE OF DEATH	2. USUAL RESIDENCE [Where decessed lived, If institutions Residence before admission)
Anne Arundel MARYLAND	* STATE Maryland b. COUNTY Anne Arundel
b. CITY OR TOWN (if outside corporate l'mits, c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give necrest town)
write RURAL end give neerest town) Annapolis	* RURAL - Edgewater
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)	d. STREET ADDRESS e. IS RESIDENCE
Anne Arundel General Hospital	Rt-3, Box-126 YES NO KI
3. NAME OF First Middle DECEASED	Lest 4. DATE Month Day Yeer
(Typa or print) Harry	KENNEY Cor DEATH Sept. 11 1961
	9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
	April 25, 1897 64 yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTI	RY 11. B RTHPLACE County & State, or foreign country] 12. CITIZEN OF WHAT COUNTRY
dana during most of working life, even if retired)  ALSTAURANT BAR RESTAURANT CHAR	Virginia U.S.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
ISPIAH KENNEY	DAISY THORPE
	INFORMANT
[Yas, no. or unkown] [lifyesg vewerordelesofservice]	S. SUE E. KENNEY #2
18. CAUSE OF DEATH (Enter only one cause per ine for (a), (b,, and (c) )	INTERVAL BETWEEN
PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral arter	cordoroser senialzed 18 hour
11100	
Conditions, If any, which \ (b) Hypertensine Co	irdionicular disease years
gave rise to immediate cause DUE TO	ter mollitur
causa last. (c)	ar maaa
PART II. OTHER SIGNIF CANT CONDIT ONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
T T	YES NO -
PART II. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NO  200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH UT (IF ETHER, NOTIFY MEDICAL EXAMINER)	D. (Entar nature of injury in Pert I or Pert II of item 18.)
(IF EITHER, NOTIFY MEDICAL EXAMINER)	
3 20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20c. PL	ACE OF INJURY (Home, ferm, 20f. (City or town) (County) (State)
20c. YIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20o. PL/ Hour a.m. 19 While Not While fee	
	SC/V- 1 1941, to Sept. 10, 1961, that (1) (W6) las
	t death occured atM, from the causes and on the date stated above
22a. S GNATURE	8:03 AM 22b. DATE
I willord of Amit.	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.   SIGNET
22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS
Dr. Willard F. Smith	Shadyside, Md.
236. BURIAL, GREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (State)
BURIAL 9-14-6/ MEADOWRIDG	ELEM. HOWARD CO MD.
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	256. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
VOHN M. TAYLOR SON HWNAPE	OLIS/VD DATEEP 15'61 Critum S. Kraus

spers. rages I and 2 should TO HOSPITAL OR ATTENDING PHYSICIAN: II | law mquires that the death certificate be executed within 24 hours after death. If may be retained by the hospital or attending physician.

I O FUNDAM. DIRECTOR: After this certificate has been signed by the attending physician and complete ed in by the funeral adjrector, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Tages I and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. 15M 9/60



CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If instit e. COUNTY Anne Arundel b. COUNTY by the and 2 death. Anne Arundel MARYLAND b. CITY OR TOWN (if outside corporete limits, LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give necrest town) write RURAL and give nearest town) Davidsonville lldavs Annapolis d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d STREET ADDRESS a. IS RESIDENCE ON A FARM? Anne Arundel General YES A NO 3. NAME OF 4 DATE Month DECEASED OF 16 61 King DEATH (Type or print) George 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. B. DATE OF BIRTH last birthdev) Hours Feb. 23, 1887 Male White D.VORCED physician remove 1De. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY 11 BIRTHP, ACE (County & State, or fore an country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if relired)
Retired Farmer U.S. Tabacca Marvland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please attending George King Louise Ireland and 15. WAS DECEASED EVER IN U.S. ARMED 10 (Yes, no, or unkown) (Ifyesgivewerordetesofservice) 218-36-3134 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16 SOCIAL SECURITY NO 17 INFORMANT Address Then Mrs. Myrtle C. King, Wife; Same as # 2 INTERVAL BETWEEN 1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b,, and (c).] Ca Metro ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if eny, which (b) gave rise to immediate cause **DUE TO** (a), stelling the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.) 19. WAS AUTOPSY certificate PERFORMED? 98 NO V 206. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Part II of Item 18 ) 2Ds ACC DENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ρģ detached 20d, INJURY OCCURRED 1 20a PLACE OF INJURY (Home, farm, 1 20f., (City or town) (Slete) (County) 20c. TIME OF INJURY Month, Day, Year fectory, street, office bldg., etc.) While Not While Hour a.m. at work at work DIRECTOR 9:25 22b. DATE 22a, SIGNATURE ATTENDING MED. SIGNED 18 much DIRECTOR PHYS. PHYS. 22d ADDRESS 22c. PHYSICIAN'S Amos Garrett Blvd. Annapolis. Md. NAME (Type) Dr. Samuel Borssuck FUNE filed v 1 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, | 23b. DATE THEREOF REMOVAL (Specify) O TE St. Mary's Cemetery Buri a 1 Sept. 19.1961 Annapolis, Maryland 25a. REC'D BY REGISTRAR | 256 REGISTRAR'S SIGNATURE H 24 FUNERAL DIRECTOR'S SIGNATURES **ADDRESS** VR A15 [4] SEP 2 0 '61 ariling & Kraus DATE 15M 9/60 Funeral Home Annapolis, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

W. PRESTON STREET, BALTIMORE 1, MARYLAND

DIVISION OF STATISTICAL RESEARCH AND RECORDS

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VS. A15ME(5) 5M 9/55

MARYLAND STA	ATE DEPARTMEN	NT OF HEALTH-	-BALTIMORE,	18
\$826 MEDICAL	<b>EXAMINER'S</b>	<b>CERTIFICATE</b>	OF DEATH	

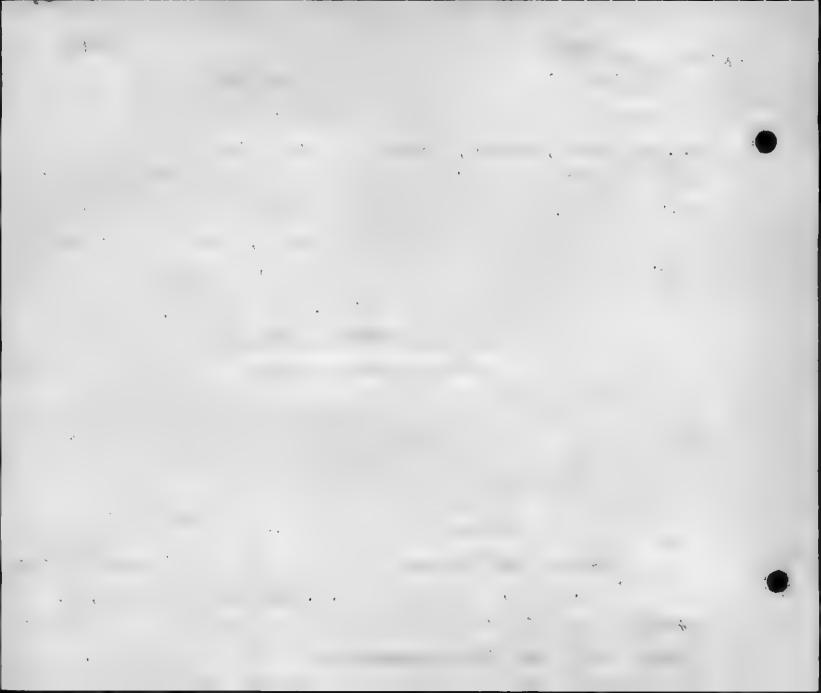
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Regular No.1	Lan
Kett blandab.	< )

)		PLACE OF DEATH  DE COUNTY  MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution, Residence of STATE 6. COUNTY 6	nce before admission)
	Ŀ	c. CETY OR TOWN (If ownide corporate limits, write RURAL c. LENGTH OF STAY IN 1b capt give necrest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and	give nearest town)
		I. NAME OF HOSPITAL OR INSTITUTION (If not inchospital, give street address)	d. STREET ADDRESS STEEL Street	e. IS RESIDENCE ON A FARM? YES NO K
		NAME OF DECEASED (Type or print)  (Type or print)  (Type or print)	LOWE DEATH ROLL	Day Year 18 1961
	5. 5	6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8.  WIDOWED DIVORCED 2	DATE OF BIRTH 9. AGE (in your   IFUNDER   IFUNDER   Months   E	YEAR IF UNDER 24 HRS. Days Hours Min.
	3	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRUTING most of working life, even if retired)  FATHER'S NAME	11. BIRTHRIACE (Stole or foreign country)  12. CITIZ  14. MOTHER'S MAIDEN NAME,	S A
1		MRNown	! Unknows	1
J		WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. IN 18. The proposition of the services of services 2/4-052334-	Lola Smith 618 2nd St	<del>-</del>
		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (o)	Judice	INTERVAL BETWEEN ONSET AND DEATH
		434.4 DUE TO		
		Conditions, if any, which gave rise to immediate cause (a), staling the underlying DUE TO		
	z	PART N. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	MAN AUTOPSY
	CATION			PERFORMED? YES NO
	-	200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	ller noture of injury in Port I or Port II of item IB.)	
	MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20c. PLAC Hour o m P. m. 4/8 196/ oi work at work at work	E OF INJURY (Home, form, ry, street, office bidg., etc.)  ANN Spoll 5	(Stote)
		21. I certify that I took charge of the remains described above		, and find that
, MC		death resulted from Natural causes , Accident , Suice	ide 🔲, Homicide 🔲, Undetermined cause 🔲.	
		ACTUAL SIGNATURE . SUN-TILLET.	M.D. CHIEF MEDICAL EXAMINER	DATE SIGNED
			ACCIETANT MEDICAL EVALUACO CT	18.61
	720	NAME (Type) L. LINN HEUT		
	257	BURIAL CREMATION, 22b. DATE THEREOF 22c NAME OF CEMETERY OR CEMETE	CREMATORY  22#1COCATION (City, fown, or county)  CONCRETE 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGI	ANTHER STORES
	1	Illiam Reese #. Unnail	DATE SEP 21 '61 chiller &.	· · -



DIVISION OF STATISTICAL RESEARCH AND RECORDS W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral should PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY ANNE ARUNDEL 22 MARYLAND b. CITY OR TOWN (if outside corporete limits, and TOWN (If outside corporate limits, write RURAL and give nearest town) e LENGTH OF STAY IN 16 write RURAL and give negrest town! .5 ANNAPOLIS 13 HOURS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) a. IS RESIDENCE ON A FARM? YES NO TA U.S.NAVAL HOSPITAL, ANNAPOLIS, MARYLAND DECEASED DEATH SEPTEMBER (Type or print) Catherine Marv MAGEE 19 67 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH last birthday) Months Hours FEMALE CAUC. WIDOWED [ DIVORCED SEPTEMBER 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. 12. CITIZEN OF WHAT COUNTRY? BIRTHPLACE (County & State, or foreign country) dona during most of working life, even if retired) ANNE ARUNDEL. MARYLAND UNITED STATES moul 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME plea Patrick Henry MAGEE Phyllis Louella TAYLOR 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO | 17. INFORMANT 72 EUCÂLYPTUS ROAD. (Yas, no, or unkown) | (If yes give wer or detes of service) Patrick H. MAGEE ANNAFOLIS, MARYLAND 18. CAUSE OF DEATH [Enter only one cause per liga-for (a), (b., and-(c) ] ONSET AND DEATH remotioney distinct PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) DUE TO Conditions, if any, which (b) gave rise to immediate cause DUE TO (e), stating the underlying PART II. OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO 20a, ACCIDENT WAS UNDERLYING IT 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury to Pert I or Part II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or lown) (County) (Stata) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Whila Not While at work al work 21. I certify that (I) (this hospital) attended the deceased from 3. September, 19.61 to. 4. September9.61, that (I) (we) last saw the deceased alive on 4. September 19...61, and that death occured a6:15M from the causes and on the date stated above. DATE 22e. SIGNATURI ATTENDING SIGNED DIRECTOR PHYS. PHYS. SEPTEMBER 1961 22d. ADDRESS 22c. PHYSICIAN NAME (Type Mc CANN. LT MC USNR NAME OF CEMETERY OR CREMATORY O F B 25e. REC'D BY REGISTRAR VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH



funeral Pluoda The law requires that the death certificate be executed within 24 hours after in by the f death. Rector, page 3 should be detached for use as the burial-transit permit. Then law requires that the death certificate be executed within 24 hou TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and complete, and in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages Vand be filed with the State Dept. of Health prior to burial-cremation, or removal, and in any event, within 22 hours after death. T

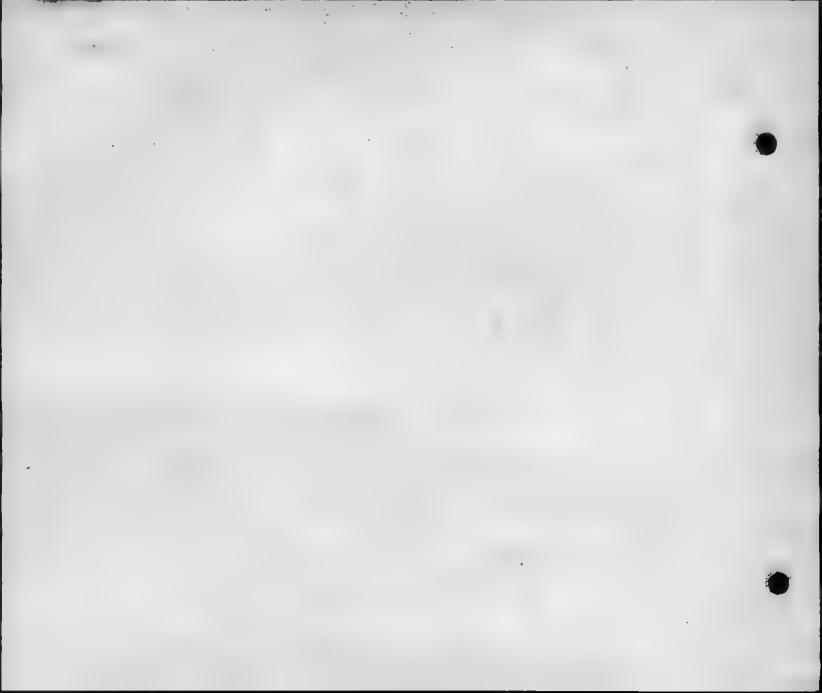
VR A15 (4) 15M 9/60

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE () 984 AND CERTIFICATE OF DEATH

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, if institution: Rasidence bafore admission)
Anne Arundel MARYLAND	a. STATE B. COUNTY Calvert
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY N 1b write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town)
Annapolis 3 days	Solomons
d, NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d, STREET ADDRESS  a. IS RESIDENCE ON A FARM?
Anne Arundel General Hospital	BOX-38 YES NO 1
3. NAME OF First Middle DECEASED	Lest 4. DATE Month Day Year
	NSUETI DEATH Sept. 9 19 61
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED A B.	DATE OF BIRTH 9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.
Male   White   WIDOWED   DIVORCED	Sept. 6, 1961   Sept. 6, 1961
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired)	11 BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	Maryland U.S.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Romeo John Mansueti 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 11 (Yes, no, or unknown)   (Hyesgive war or datas of service)	Alice Jane O'Brien
	Hospital records.
1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN OMSET AND DEATH
PART ! DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Meningitts -	deptrama Ew Hours
7 6 X C DUE TO	
Conditions, if any, which (b.	- In fact (New BORN)
gave rise to immadiata cause	
(a), stating the underlying cause last.	
W The state of the	T RELATED TO THE TERMINAL DISEASE COND TION GIVEN IN PART 1(0) 19. WAS AUTOPSY
<u>—————————————————————————————————————</u>	PERFORMED?
20a. ACCIDENT WAS UNDERLYING 7 20b. DESCRIBE HOW INJURY OCCURED	(Enter natura of Injury in Part ( or Part II of Item 18 )
OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	(Emiliar Hardra Of 1912a) 37 7 411 ) Of 2007 in Of Neurology
O I and I state	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)  bry, straet, offica bldg., etc.)
Hour a.m. While Not While	y, steal, onice prog., etc., ;
21. I certify that (I) (NOSXIDOCODI) attended the deceased from.	Sept. 6,, 1961, to Sept. 9, 1961, that (I) (39) last
saw the deceased alive on Sept 8 19.0, and that	death occured atM, from the causes and on the date stated above.
22a. SIGNATURE	ATTENDING MED. STAFF 22b. DATE SIGNED
Malp //he cre M.	D. PHYS A D RECTOR PHYS. 9/9/6/
22c. PHYSICIAN'S	22d. ADDRESS
NAME (Typa) Philip Briscoe	95 Cathedral St., Annapolis, Md.
238. BURIAL, CREMATION, 236 DATE THEREOF 1236. NAME OF CEMETERY	OR CREMATORY 23d, LOCATION (City, town or county) (State)
Burial (Specify) Sept. 11,61 St. Mary's Co	emetury Amnapolis, Md.
24 FUNERAL DIRECTOR S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Hopping Funeral Home Ammapolis, Md.	DATE SEP 13 '61 Civiling S. Kraus
WALKET OF THE PROPERTY OF THE	1 2000

2 3 × 2 reg sto .t t . 1. A. 美元 

#### LAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S FOR STATE . PLACE OF DEATH 2. USUAL RESIDENCE (Where decreesed lived, if institution, Residence before edmiss on), e. COUNTY e. STATE b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate I c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate I m ts, write RURAL and give neerest town) director. write RURAL and give nearest town) d. NAME OF HOSPIAL OR HISTITUTION (If not In hospital, give street eddress) 3 d. STREET ADDRESS e. IS RESIDENCE ON A FARM? AYES NO NAME OF death. If any Middle 4. DATE Day Year DECEASED OF (Type or print) DEATH 196 5. SEX 6. COLOR OR 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. C3 7. MARRIED NEVER MARRIED last birthday) pue Months Days Hours WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY Page s 1 and n 72 l 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Give Pages 2/1/ pages | within 13. FATHER'S NAME form PM3. 14. MOTHER'S MAIDEN NAME it, File WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unkown) | (Ifyesgivewarordatesofservice) with permi any s a burial-transit pur removal, and in a 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY, ONSET AND DEATH IMMEDIATE CAUSE (0) **DUE TO** Conditions, if any, which (b) "pending" gave rise to immediate cause DUE TO ute the certificate, writing the word "pending a forwarded to the Chief Medical Examiner! RL DIRECTOR: Page 3 should be used as nated agent, prior to burial, cremation, or m (a), steting the underlying ould be used a caure lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDIT ON GIVEN IN PART 1(0) 19. WAS AUTOPSY CERTIFICATION PERFORMED? YES NO 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) PRIMARY | or CONTRIBUTING | Dived over the side of boat into the water EXAMINER: to retrieve a CAUSE OF DEATH. that had fallen from his ball CAL 20c. TIME OF NJURY Month, Day, Year 2Dd. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) While Not While should be forwarded to the C FUNERAL DIRECTOR: Page the designated agent, prior to et work at work W Ovster Creek nr. Md Annanolis 21. I certify that I took charge of the remains described above, held an Autopsy Inspection 🕌 Inquiry and in my opinion MEDICAL Natural causes death resulted from: Accident X Hamicide Undetermined manner Suicide CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** NAME (Type) Address (Street, city, Iown, or county) DEF **69269** BUPLAL CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State) REMOVAL (Specify) ð <u>0</u> 4 0 FUNERAL DIRECTOR VS. A15ME Chilhur S. Hraus 5M 9/60



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

within 24 haurs after

VS A15 (4) 1SM 9/SB



**CERTIFICATE OF DEATH** should be filed with director Page PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institutions Reside a. COUNTY p. STATE **b.** COUNTY MARYLAND uneral b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) OROVE 1015 d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS OR INSTITUTION NAME OF 4. DATE First Middle Manth ARLES (Type or print) 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX MARRIED NEVER MARRIED Manths Days WIDOWED [7] DIVORCED [ 100 USUAL OCCUPATION (Give kind of work done) 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) NAINEER 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO Address 18 CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) EROT A 631 **DUE TO** þ Canditions, if ony, which fb\ gave rise to immediate **DUE TO** couse (a), stating the underlying cause last. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19. WAS AUTOPSY 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) WEDICAL 20c. TIME OF INJURY Month. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form. 20f (City or town) Day, Year (County) Nat while factory, street, affice bldg., etc.) Haur a.m. While of work I . 1966, to SEPT 12, 1966, that I last saw the deceased JUNE 21. I certify that I attended the deceased fram. , and that death accurred at 100 P. M. from the causes and an the date stated above. ADDRESS (Street, city or town, state) ACTUAL SIGNATURE prior 0 3 shoul PHYSICIAN'S the registror NAME (Type) TO FUNER 22a. BURIAL CHEMATION, REMOVAL (Specify) 22c NAME OF CEMETERY OR CREMATORY 22d. LOCATION (Eity, town, or county) dARE FÜNERAL DIRECTOR'S SIGNATURI 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE -ADDRESS VS A15 (4) 15M 9/55 DATE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

e. IS RESIDENCE ON A FARM?

Hours

My

YES NO 4

Year

PERFORMED? YES NO

(State)

DATE SIGNED

(State)

1960



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE HEALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admiss on) a. COUNTY **b.** COUNTY Anne Arundel Anne Arundel MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Earleigh Heights Severna Park - Earleigh Heights d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Anne Arundel Hospital Earleigh Heights No Spring Hill 3. NAME OF Middle DATE DECEASED OF (Type or print) DEATH JOHN. September 1961 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years .F UNDER 1 YEAR | 1F UNDER 24 HRS. last birthday) Months | Days Hours Male Colored WIDOWED [ DIVORCED 106. KIND OF BUSINESS OR INDUSTRY 10a. USUAL OCCUPATION (Giva kind of work 12. CITIZEN OF WHAT COUNTRY? est of working life, even if retirad) avor ex pages File File (Yes, no or unkown) (If yasgive war or dalas of service) Office along w burial-transit p 18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c). INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (a) Fracture of neck 6000 A **DUE TO** Conditions, if any, which " gave risa to immediate causa Ø **DUE TO** (a), stating the underlying cremation, o causa last. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY Medical Ex should be u PERFORMED? cure Lonnilism NO 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of Itam 18.) PRIMARY TO OF CONTRIBUTING CAUSE OF DEATH thing the A Passenger getting off bus apparently fell under it 20d. INJURY OCCURRED , 20e. PLACE OF INJURY [Home, farm, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Yaar (County) factory, street, office bldg., atc.) Wh la Not Whila at work at work Rt. 2 - Ritchie Hgwy. Earleigh Heights. 0 5 21 I certify that I took charge of the remains described above, held an Autopsy 🛣. Inspection Inquiry 1 and in my op nion death resulted from: Natural causes Accident X Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ACTUAL should be for FUNERAL 1 DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER 10/2/61 NAME (Type) Peter W. Rickert, DEP 224 BURIAL CREMATION | 225 DATE THÈREOF 40 9 VS. A15ME arthur S. Kinus 5M 9,60

MARYLAND STATE DEPARTMENT OF HEALTH



Hilm G205 USUAL RESIDENCE (Whara decaased lived, If institution; Residence before admiss on) 1. PLACE OF DEAT a. COUNTY **b.** COUNTY a. STATE MARYLAND b. CITY OR TOWN (if outs'de corporate limits, c. CITY OR TOWN (If outside corporate simits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 write RURAL and give nearest town) BROOTLYN Drook d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? hurc YES NO NAME OF Year Middle complete DECEASED 196/ DEATH (Type or print) 12 DOMINIC AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. carbon 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH (birthday) وتعوا Months Hours pllysicia and Days WIDOWED -12. CITIZEN OF WHAT гетоме Aloa. USUAL OCCUPATION (Sales kind of work 106, KIND OF BUSINESS OR INDUSTRY 11 BIRTHP, ACE (Centrally & State er foreign country) fost of working Italv 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAM pleas ## Tending 16. SOC. AL SECURITY NO. 1 17. INFORMANT 15. WAS DECEASED EVER NU.S. ARMED FORCES? Address (Yes, no, er unkown) į (Ifyasgive waror defesof service)! 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), INTERVAL BÉTWEEN ONSET AND DEATH ģ PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** Conditions, if any, which (b) certificate has been gave rise to immediate cause DUE TO (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY PERFORMED? hospital NO use prior 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of itam 18.) 20a, ACCIDENT WAS UNDERLYING Ϋ́ OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED | 20e, PLACE OF INJURY (Homa, farm, ) (State) 20c. TIME OF INJURY 20f. (City or town) (County) Month, Day, Year factory, streat, office bldg., etc.) While Not While Hour a.m. at work at work DIRECTOR: 21. I certify that (I) (this hospital) attended the deceased from 9-21, 1937, to saw the deceased alive on 9-9 1991, and that death occurred at 1. from the causes and on the date stated above. ATTENDING DATE 22Ь. 22a. SIGNATURE MED. SIGNED DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S rector, FUN 23d. LOCATION SEIty, town or county 23a. BUR.AL, CREMATION, 236 DATE THEREOF 23c. NAME OF COMET REMOVAL (Specify) à d 0 25s. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

ESTON STREET, BALTIMORE 1, MARYLAND

DIVISION OF STATISTICAL RESEARCH

within

executed

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The law requires that the death certificate be executed within 24 hours after id in by the funeral es I and 2 should may be retained by the hospital or attending physician.

L DIRECTOR: After this certificate has been signed by the attending physician and completely d in by the end of should be detached for use as the burial-transit permit. Then please remove carbon papers. Tages I and 2 the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. OR ATTENDING PHYSICIAN: TO HOSPITAL

death. P

TO FUNEAUL

director, page 3

be filed with the

15M 9/60

	MARYLAND STATE DEPARTMENT OF HEALTH							
		S, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND						
_	9834 CERTIFICAT	TE OF DEATH 09823						
	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before edmission)	-					
)	Anne Arundel MARYLAND	Maryland b. COUNTY Anne Arundel						
7	b. CITY OR TOWN ( flouis, de corporeta , mits, c LENGTH OF STAY IN 1b write RURAL end give necrest town)	CITY OR TOWN (If outside corporate film ts, write RURAL and give nearest town)	-					
	Annapolis	/O Annapolis						
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give street eddress	d. STREET ADDRESS  8. IS RESIDENCE ON A FARM?						
A	nne Arundel General Hospital	29 Dean St.   YES   NO [A	,					
	NAME OF First Middle DECEASED	Last 4. DATE Month Day Yeer OF	-					
	(Type or print) _ Mannie	MOWBRAY DEATH Sept. 22 19 61						
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF JNDER 1 YEAR IF UNDER 24 HRS.  [ast birthday] Months Deys Hours Min.	-					
	Female Negre WIDOWED DIVORCED	Feb. 9, 1907 54 yrs.	_					
10a	JSUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR INDUST	TRY 11. BIRTHPLACE (County & State, or fore an country) 12. CITIZEN OF WHAT COUNTRY	3					
	mesuc	Maryland U.S.	_					
13/	AATHER'S NAME	14 NOTHER'S MAIDEN NAME						
7	WAS DECEASED EVER IN U.S. JARNED FORCES? 16, SOCIAL SECURITY NO 17.	Duyavell Diggs	_					
ĮΫ́	is, no, or unknown) (Ifyesgivewarordatesofservice)							
	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b, end (c))	larence Motray 29 Dean St.						
	ALAT. AFIRM WAS CAMPED BY	ONSET AND DEATH						
	/ U Due to and intestinal obs		-					
	P 202 1/ - 1 1 1 %	24 hrs.						
	Conditions, if eny, which (b)		-					
	(e), steting the underlying DUETO							
z	(c)	NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART TO 19. WAS AUTOPSY						
CERTIFICATION		PERFORMED? YES NO N						
IFIC/	200. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURE	ED. Enter nature of injury in Pert t or Pert II of item 18 )	-					
CERT	OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)							
CAL		ACE OF INJURY (Homa, farm, 20f. (City or town) (County) (State)	-					
MEDICAL	nour e.m.	actory, street, office bldg., etc.)						
~	print A Print Prin	. Sept. 20, 1961 to Sept. 21, 1961, that (I) (Well la	- st					
	7	at death occured at My from the causes and on the date stated above						
	22a. SIGNATURE	ATTENDING MED. STAFF 22b. DATE	_					

MEDICAL 9/22/61 22c. PHYSICIAN'S 22d ADDRESS NAME (Type) Lionel Dean St., Annapolis, Md. BURIAL, CREMATION, 23c NAME OF CEMETERY OR 25a. REC'D BY REGISTRAR arthur S. Krons

VR A15 (4) 15M 9/60 \

MARYLAN	D STATE	DEPARTME	NT OF	HEALTI

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 09824

1. PLACE OF DEATH	A TRATEGORIA DE CONTRACTO DE LA CONTRACTORIO DEL CONTRACTORIO DEL CONTRACTORIO DE LA CONTRACTORIO DE LA CONTRACTORIO DE LA CONTRACTORIO DEL CONTRACTORIO DE LA CONTRACTORIO DEL CONTRACTORIO DELICIO D
e. COUNTY	2. USUAL RESIDENCE (Where decesed lived, If institution; Residence before edmission)  e. STATE  b. COUNTY
ANNE ARUNDEL MARYLAND	MARYLAND ANNE ARUNDEL
b. CITY OR TOWN (if outside corporete limits, c LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)
write RURAL and give neerest town) ANNAPOLIS 24 DAYS	10 ANNAPOLIS
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street eddress)	d. STREET ADDRESS   0. IS RESIDENCE
U.S.NAVAL HOSPITAL, ANNAPOLIS, MARYLAND	84 CONDUIT STREET YES NO [X]
3. NAME OF First Middle DECEASED	Last 4. DATE Month Dey Yeer
77	RPHY DEATH SEPTEMBER 5 19 61
5. SEX   6. COLOR OR RACE 7. MARRIED   NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR) IF UNDER 24 HRS.
FEMALE CAUC. WIDOWED XI B.VORCED	lost birth dey) Months Deys Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (County & State, or fore gn country)   12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if relired) HOUSEWIFE	ANNAPOLIS, MARYLAND UNITED STATES
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Myers Thomas BOUCHER	Elizabeth Estell HOPKINS
15. WAS DECEASED EVER IN J.S. ARMED FORCES?   16. SOCIAL SECURITY NO. 17.	INFORMANT 208 MC KENDREE AVENUE
(Yes, no, or unkown) (Ifyesgivewer or detes of service)	
18. CAUSE OF DEATH [Enter only one ceuse per I ne for (e), (b), and (c).	LLOYD HOPKINS ANNAPOLIS, MARYLAND
1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	ONSELAND DEATH
IMMEDIATE CAUSE (*) Teft Vonducular	Value 12 hours_
Conditions, if only, which ) (b) Antenues claratic, Heart Disease \ \ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \	
Conditions, if eny, which gove rise to immediate cause	Heart Liveage Lylaic_
(e), stelling the underlying DUE TO	9
ceuse lest. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
13 Carcinoma of the Stomach with in	VIantinos) YES NO 1
# 200. ACCIDENT WAS UNDERLYING     20b. DESCRIBE HOW INJURY OCCURE	D. (Enter nature of injury in Part I or Part II of Item 18.)
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
3 20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PL	
20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20e. PL While Not While far all work et work	clory, street, office bldg., etc.)
21. I certify that (I) (this hospital) attended the deceased from 12 August, 19.61 to 5. Septemberr9.61, that (I) (we) last	
saw the deceased alive on 5 Sentember 1961, and the	it death occured a7:55%, from the causes and on the date stated above.
22e. SIGNATURE	22b. DATE
SGI RAD	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. 5 SEPTEMBER 1961
22c. PHYSICIAN'S	22d. ADDRESS
NAME (Type) R.G.W. WILLIAMS, Jr., CDR MC	USN U. S. NAVAL HOSPITAL, ANNAPOLIS, MD.
230. BURIAL, CREMATION 236. DATE THEREOF 23c. NAME OF GEMETERY	
34R/AL Syst. 8, 1961 U.S. NAVAL ACADEUX ANAPOLIS MD	
24 PONERAL DIRECTOR'S SIGNATURE ADDRESS 25a, REC'D BY REGISTRAR'S SIGNATURE	
Chile M. Taylor Jon Churagealin Md. DATE Cithun S. Thomas	



d in by the funeral TO HOSPIAN. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. First may be retained by the hospital or attending physician.

TO FUNEXAL DIRECTOR: After this certificate has been signed by the attending physician and completely din by the funeral director, page 3 should be detached for use as the burial-transit perm?. Then please remarks carbon papers. Toges 1 and 2 should be detached for use as the burial-transit perm?. Then please remarks carbon papers. Toges 1 and 2 should be detached for use to burial, cremation, or removal, and in approximately within 72 hours after deather.

VR A15 (4) 15M 9/60

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

ιl		10005
Л	1. PLACE OF DEATH  o. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution is the readmission) a, STATE b. COUNTY
/	Anne Arundel MARYLAND	Maryland Anne Arundel
	b. CITY OR TOWN ('f outside corporatemits, c. LENGTH OF STAY IN 16 write RURAL and give neerest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest fown)
1	<u>Annapolis</u>	Dorsey Heights, Old Solomons Island
`-	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, g ve streat address)	d. STREET ADDRESS Rd.   a. IS RESIDENCE ON A FARM?
	Anne Arundel General Hospital	YES NO X
ı	3. NAME OF First Middle	Lest 4. DATE Month Day Year
	(Type or print)	PARKER DEATH 9 29 1961
- 1	Katherine	PARKER 9 29 1961  DATE OF BIRTH 9. AGE (In years ) IF UNDER 1 YEAR   IF UNDER 24 HRS.
-	T. Makaley & Refer Makaley	lest birthdey) Months Deys Hours Min.
	Female Colored WIDOWED DIVORCED	3~18~05 56 yrs.
Y	10e. USJAL OCCUPATION (Give kind of work done during most of Working) fe, even if retired)	BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
J	House Wife	Marylana Militi
4	13. FATHER'S NAME	14./MOTHER'S MAUDEN NAME
-1	(OMA (Ollins.	Envinola Brown
	15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. 1	NFORMANT Address
	(Yes, no, or unkawn) (fyesg vewerardetesofservice)	Alder a Contra Character DIV.
	18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), end (c).	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	Porver and DEATH
	IMMEDIATE CAUSE (e)	- Moceand
	171X DUE TO	7. 1-
ı	Conditions, if any, which (b) 14 (Cole 1) 2	energy
- 1	gava rise to immadiata cause (e), steting the underlying DUE TO	
ı	cause last. (c)	
4	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
	DIL V	YES NO T
		, (Enter netura of injury in Pert I or Pert II of Item 18.)
1	OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	
		CE OF INJURY (Home, farm, ' 20f. (City or town) (County) (Stata)
	Hour a.m. While Not While fact	ory, streat, office bldg., etc.)
		, 19, 19, 19, 19, that (I) (we) last
	saw the deceased alive on19, and that	death occured at,M, from the causes and on the date stated above.
	228. SIGNATURE	ATTENDING 4 MED. STAFF SIGNED
		D PHYS. DIRECTOR PHYS.
	22c. PHYSICIAN'S NAME (Type)	22d ADDRESS
	Aris T. Allen	Cathedral Street, Annapolis, Maryland
	238. BURIAL, CREMATION, 236 DATE THEREOF 230 NIME OF CEMETERY	OR CREMATORY 23d, LOGATION (City low-gos county) (State)
	Bursal 10-4-1961 (hews a	Themore Mestrice of
	TOUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
	heli diam (seese# /www.	DATE DATE



O HOSPITA THENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be referred by the hospital or attending physician.

D FUNERAL ECTOR: After this certificate has been signed by the attending physician and campletely filled in the property page 3 should be detached for use as the buriol-transit permit. Then please remaye carbon pages. Pages 1 and should be filled with the State Board of Health prior to buriol, cremation, or removal, and in any event, within 72 hours after death. may be rei TO HOSPITA

VR A15 (4) 15M 9/59

	MARYLAND	STATE	<b>DEPARTMENT</b>	<b>OF HEALTH</b>
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DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

00000

9837 CERTIFICATE OF DEATH

1	O. COUNTY A MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) a. STATE b. COUNTY					
厂	b. CITY OR TOWN (If outside corporate limits, write   c LENGTH OF STAY IN 1b	c. CDV OR TOWN (If putside carporate limits, write RURAL and give nearest lawn)					
	RUMAL and give negrest lawp)	C. COT OK TOWN (If outside corporate limits, write KOKAL and give nearest fawn)					
H	d NAME OF HOSPITAL lift not in hospital to street date.	STREET ADDRESS . IS RESIDENCE					
	ORINGT Paulol Pd	ON A FARM?					
-	3 NAME OF / First Middle						
٥	NAME OF DECEASED (Type or print) Alice F	Lost OF OF DEATH 9-26-6/ 19					
5	5 SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 8.	DATE OF BIRTH  9. AGE (In years   IF UNDER 1 YEAR IF UNDER 24 HRS   In und					
	F, WIDOWED DIVORCED	9-6-1890 71 yrs min.					
10	100. USUAL OCCUPATION (Give kind of work done during most of working life, even (Fretired)	RY 11. 8IRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY?					
L	Housewife Home.	Balto · Ned · U.SA					
13.	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
L	Robert Lie Jones	Margaret Ella Marun					
15. (Ye	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFO	ORMANT Address					
	17//	1. Charles +1 eocl 600 Jaurel Ma					
	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH					
	PART I. DEATH WAS CAUSED BY MYO CANDIA	6 MFarclion.					
	420,1 DUE TO 3. A.	D. T. P. D. 1/11 Oct					
	Conditions, if ony, which gave rise to immediate (b)	Kerouc Carono - vosawo C					
	cause (a), stating the under-	10 ·					
z	lying cause lost. (c)	NOT RELATED TO THETERMINAL DISEASE CONDITION GIVEN IN PART 1(d) 19. WAS AUTOPSY					
CATEO	TAN II. O'IHER SIGNITIONS CONTINUED TO BEATT 80' N	PERFORMED?  YES NO					
CERTIFI	206. ACCIDENT WAS UNDERLYING   206. DESCRIBE HOW INJURY OCCURRED. OF CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	(Enter nature of injury in Part ! or Part II of item 18.)					
Y Y	20c TIME OF INJURY Manth, Doy, Year 20d INJURY OCCURRED 20e. PLAC	CE OF INJURY (Home, farm, 20f (City or town) (County) (State					
MED	Haur o.m While Nat while focto	pry, street, office bldg., etc.)					
\ <sup>*</sup>		1959 10-1-1961 10 16-19/19/19					
	21 1 certify that (1) (this hospital) attended the deceased from	ath occurred at 2-PM, from the couses and on the dote stated above					
	220, S GNATURE	22b. DATE					
	Moderat T. Halur in	ATTENDING MED STAFF SIGNED					
	22c PHYSICIAN'S	22d. ADDRESS					
	NAME TYPES CLES TO HOLIN	Severua Josh My					
23	230 BURIAL, CREMATION, 236 DATE THEREOF 23c NAME OF CEMETERY OR	CREMATORY 23d. LOCATION (City, town, or county) (Stote)					
L	Live 9-29-61 Woodlaws	r Cenetery Woodlawn, Md.					
24	24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250 APC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE					
1	Um & Fichier office Palto . 17. Ma	DATE SEP 2.9 61 circlus S. Kraus					



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS 01 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institutions a. COUNTY e. STATE Anne Arundel the d 2 MARYLAND Mary land Anne Arundel T b. CITY OR FOWN (if outside corporete I mits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporere limits, write RURAL end give nearest town) ģ write RURAL and give nearest town) \_ RURAL - Harwood Annapolis l dav d. NAME OF HOSP, TAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS Anne Arundel General Hospital 0 3. NAME OF 4. DATE Month DECEASED OF (Type or print) DEATH Frank ) PEDDICORD Sept. John Francis 6. COLOR OR RACE 5. SEX AGE In years HE UNDER 1 YEAR 7. MARRIED TY NEVER MARRIED last birthday) Months Male White WIDOWED . DIVORCED Feb. 21. 1889 10e. USUAL OCCUPATION (Give kind of work гетоме 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or fore gn country) 1.12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Retired Farmer attending phys Tabecce Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME and Michael T. Peddicord Marv Etta 15 WAS DECEASED EVER N U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17, INFORMANT Address (Yas, no, or unkown) (Ifyesg vewerordetesofservice) MrsLydie M. Peddicord- Wife- same as # NO 218 36 1738 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c) ] PART I. DEATH WAS CAUSED BY urumina IMMEDIATE CAUSE (a) DUE TO to live and tome metantuses Conditions, if eny, which peen gave rise to immediate cause DUE TO (a), stating the undarlying causa last. PART . OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY certificate Ö esn Prior 20%. ACCIDENT WAS UNDERLYING . 20%. DESCRIBE HOW INJURY OCCURED, (Enter nature of in ury in Part I or Part II of fem 18.)
OR CONTRIBUTING . CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) After this detached 20c. TIME OF INJURY 20d. INJURY OCCURRED 200 PLACE OF INJURY (Home, ferm, 20f. (City or town) Month, Day, Year (County) Not While factory, street, office b do , etc.) Whie Hour e.m. at work et work may be retaine DIRECTOR: 1960, to Sept (3, 1961, that (1) (wa) last 21 | certify that (1) (third county attended the deceased from. Muly Pinous should saw the deceased alive on ... . X 5:40 A.M. 22m SIGNATURE ATTENDING MED STAFE DIRECTOR PHYS. PHYS. M.D 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) death. If CO FUNE. Lothian, Maryland Dr. Emily H. Wilson 238. BURIAL, CREMATION, 236 DATE THEREOF 1 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county)

Annapolis, Mi.

e. IS RESIDENCE

YES NO

19 61

IF UNDER 24 HRS

Hours

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? NO Z

> > (State)

GNED

(State)

Cithur & Haus

Mt Zien Methodist Cemetery Mt Zien Md 258, REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE

DATE SEP 1 8 '61

Days

U.S.

ON A FARM?

VR A15 (4) 15M 9/60

REMOVAL (Spacify)

24 FUNERAL DIRECTOR'S SIGNATURE

Hopping Funeral Home.

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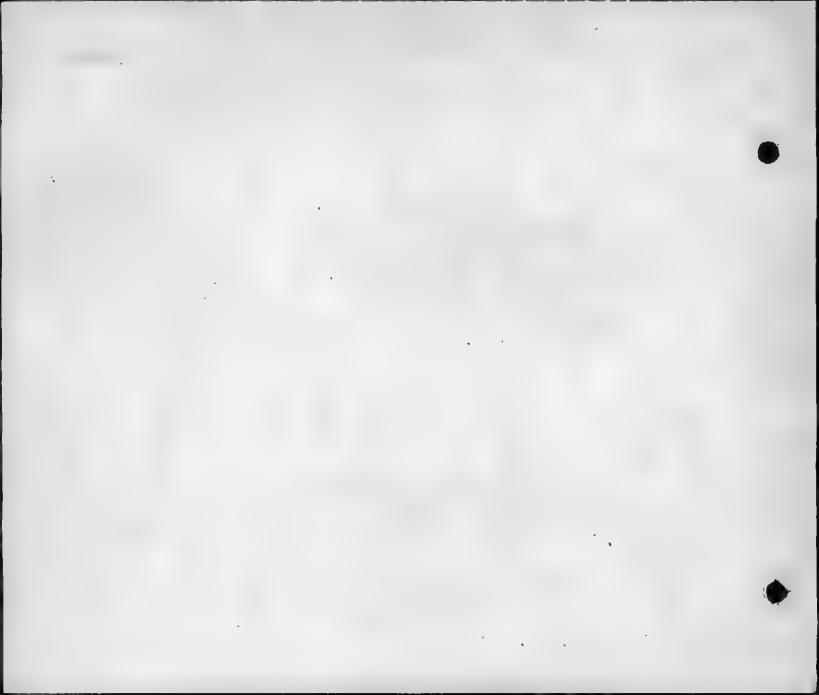
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MARYLAND STATE DEPARTMENT OF HEALTH



- 1			MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
68.5	_		MEDICAL EXAMINER'S CERTIFICATE OF DEATH
otio	(NA	\ <u> </u> =	Reg. Dist. No.
please exe 4 should b cremotion	(IAI	丰	a. COUNTY HAVE ARUNDEL MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institutions Residence County Maryland)  2. USUAL RESIDENCE (Where deceased lived. If institutions Residence County Maryland)  3. STATE MASSACHUSETS.
Page -		Г	b. CITY OR TOWN (If outside corporate units, write RURAL and give negrest town) and give flarest town)  c. LENGTH OF STAY IN 1b  c. CITY OR JOWN (If autside carporate limits, write RURAL and give negrest town)
. Pro			EDGEWATER HSHLAND SIX S
ctor ar t	X		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?
	/		JOYTH KIVER PARK 108 FRONT JF. YES IND
uneral your	4	3.	NAME OF DECEASED RICHARD Hiddle POWERS 4. DATE OF DEATH POWERS 196/
the first	hat.	S.	SEX 6. COLOR OZ RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lost brighday) Months Days Hours Min.
off.			WIDOWED DIVORCED LANE D 18807 76 yr.
reformer and 3		110	to. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?  The state of the country of the c
2, a y be		1:	S. FATHER'S NAME 14. MOTHER'S MAIDEN NAME,
s 1, ma			TURNY C POWERS FLIZNBERY T ROCHE
A ho			S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INSORMANT  S. PO. OF WINDOWS 1. If Web. Dive work of delay of security 1.
Ne F		10	YES WWI I WATERS TUNEED HOME MASS.
WHY CO		F	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]  INTERVAL BETWEEN CHIST AND DEATH
n 18.			PART I. DEATH WAS CAUSED BY: CORONARY OCCHUSION UNE (NO. 2)
The forms of the f			420 DUE TO
be e il in with			Conditions, if any, which (b)
old long trio			gave rise to immediate cause (a), stating the underlying DUE TO
sha in g	,-	1,	cause last. (c).
cate 7.9: 7.0 7.1; d os	V	NO.	
endi er's		FICAT	YES NO DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
: E 0		CERT.	20b. EXTERNAL CAUSE WAS PRIMARY   ar CONTRIBUTING   CAUSE OF DEATH.
Fr The Transfer of Example from the Francial fro		া	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
the dicol		MEDICAL	Hour a.m., While Not while factory, street, affice bldg., etc.) p. m. 19 at work at wark
CAM ling Med Pog			21. I certify that I tack charge of the remains described above, held an Autopsy . Inspection . Inquiry and find that
wril Wril DR:	**		death resulted from: Natural causes . Accident . Suicide . Hamicide . Undetermined cause .
ote, of ECT			DATE SIGNED
MED rtife forth		1	SIGNATURE MEDICAL EXAMINER .
Y W			EXAMINER'S EDWARD SBECK  ASSISTANT MEDICAL EXAMINER D  DEPUTY MEDICAL EXAMINER D
DEPU	1	==	(1)
O STORE O	. 1		Macs
	M	23	HENERAL DIRECTOR'S SIGNATURE 246. REGISTRAR'S SIGNATURE
VS. A1SME(S), SM 9/S5	16	-	chull to to Aus Chinopolis, Md. DATE SEP 13'61 Couling & Thomas
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH

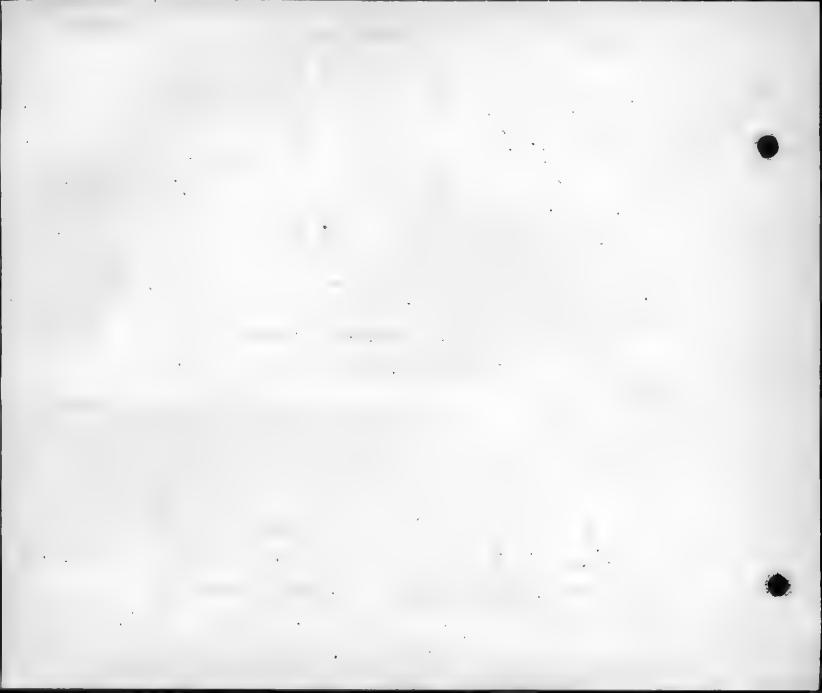
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

VS A15 (4)



## 13

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 9844 CERTIFICATE OF DEATH

11-	/I	0/22 //2
1	1. PLACE OF DEATH Item 23 File 0294 2.	USURI/RESIDENCE (Where daceased lived, If institution, Residence before edm.ssion)
VI.	O. COUNTY  ANNE ARUNDEL  MARYLAND	a. STATE · M D . b. COUNTY ANNE ARUNDE
<b>N</b> -	b. CHY OR TOWN (if outs de corporete limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town)
4	write BURAL and give nearest town]	PASEDENA
1_	PASEDENA	
1	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS 4 CARNENE DRIVE ON A FARM? VEST NO THE
	4 CAENENE DRIVE	4 CHANEIVE NO NO
13	3. NAME OF First Middle	Lesi 4. DATE Month Day Year
П	(Type or print)	SACHS DEATH SEPT. 2 1061
٧L		17
IJF	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DA	TE OF B.RTH 9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.
н	WIDOWED DIVORCED MA	3RCH 10, 1870 91 yrs.
	10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY   11	BIRTHPLACE (County & State, or foreign country)   12. CITIZEN OF WHAT COUNTRY?
	done during most of working life, even if retired)	400 d 1150
-	HOUSE WIFE  13. FATHER'S NAME	MARYLAND U.S.A.
'	IS. PAIRES NAME	
	JOHN T. MOON	EMMA STAHL
	15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO. 17. INFO	
T,	(Yes, no, or unkown) (Ifyesgive were detes of service)	ADELENE S. GANTER PASADENA, M.d.
-	18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), and (c).]	I INTERVAL BETWEEN
1	PART I. DEATH WAS CAUSED BY: CEREBRAL HEM	ONSET AND DEATH
	IMMEDIATE CAUSE (a)	ORRHAGE /day
н	301 X DUE TO	
н	Conditions, if any, which (6)	
	geve risa to immediate cause	
	(a), steting the underlying DUE TO	
Т	cause last.	
1 2	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(+) 19. WAS AUTOPSY PERFORMED?
	тум при	YES NO 🗵
1		er nature of injury in Pert I or Pert II of Item 18.)
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER),	
- 1		F INJURY (Home, farm, 20f. (City or town) (County) (State)
3		freet, office bldg., etc.)
1	p.m. 19 et work et work	
1	21 1 cartify that (I) (this hospital) attended the deceased from AU	9 / 1958 to Sept 2 , 19.6/, that (I) (we) last
1		oth occured at
Н		22b. DATE
н	22a. SIGNAFORE	ATTENDING MED STAFF
н	Denj d'Cebestrouse M.O.	PHYS. DIRECTOR PHYS. 1 9/3/6/
-1	22c. PHYSICIANS BENJ. S. ABESHOUSE MI)	22d. ADDRESS
1	17001702170	100 W MONUMENT ST ISALTIMORE 1
	238. BURIAL, CREMATION, 235. DATE THEREOF   23c. NAME OF CEMETERY OR C	REMATORY 23d, LOCATION (City, town or county) (State)
	071400143 (6	ECEMETERY BALTIMORE, MARYLAND
-		258. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
1	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	and a total and total
	WIM. COOK INC. 1217 ST. PAUL	ST. DASEP 6 '61 CTI- 8 Frank

ed in by the funeral ages 1 and 2 should OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. 4 may be retained by the hospital or attending physician.

Z TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complete ed in the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Tages 1 is filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after TO HOSP



e attending physician and complete ed in by the funeral Then plasse remove carbon papers, wages I and 2 should oval, and in any event, within 72 hours after death. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after TO HOSPICAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed death.

4 may be retained by the hospital or attending physician.

5 TO FUNDAM DIRECTOR: After this certificate has been signed by the attending physician and complete director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 to the page of the state Dept.

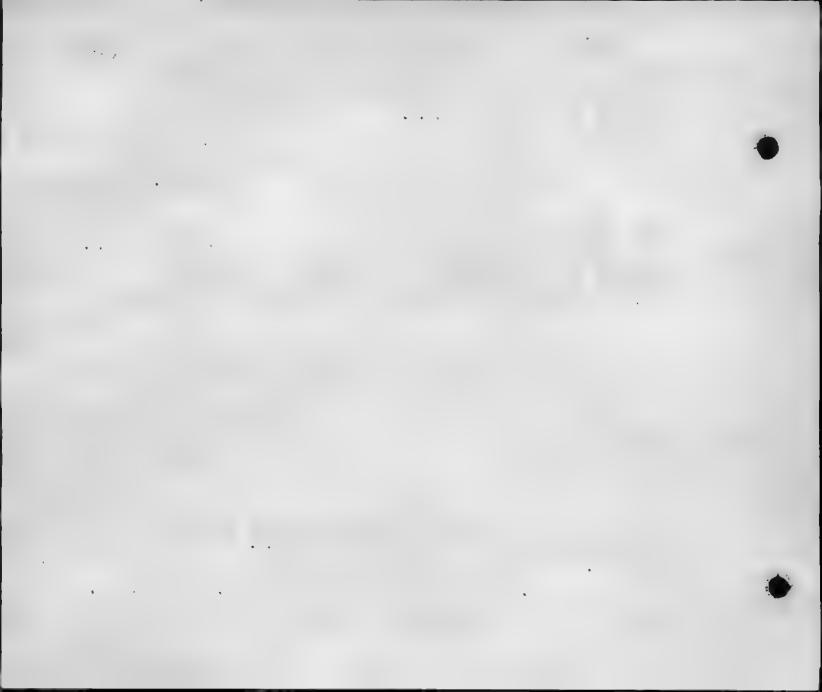
#### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

GRASS

CERTIFICATE OF DEATH

$\setminus$	3043		
Ш	I. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived, If institution: Residence admission) a. STATE b. COUNTY
1	Anne Arundel	MARYLAND	Maryland anne Arundel
	b. CITY OR TOWN (if outside corporate I mits, write RURAL and give neerest town)	c. LENGTH OF STAY IN 16	CITY OR TOWN ( f outside corporate limits, write RURAL end give nearest town)
	Annapolis	D.O.A.	Linthicum
	d. NAME OF HOSPITAL OR INSTITUTION (If not in ho	spitel, give street eddress)	d. STREET ADDRESS  a. IS RESIDENCE ON A FARM?
	Dead on arrival Manne Arundel General Hospi	tal	100 West Twin Oaks Road YES NO N
	3. NAME OF First DECEASED	Middle	Last 4. DATE Month Day Year OF
	(Type or print) Charles	<i>F</i>	SCHNOPPS   DEATH Sept. 27 19 61
	5. SEX 6. COLOR OR RACE 7. MARRI	ED 📉 NEVER MARRIED 🔲 - B	DATE OF BIRTH  9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS.  lest birthdey)   Months Days Hours Min.
	Male   White   WIDOW	ED DIVORCED '	July 2, 1919 1 42 yrs.   Months Days   Min.
	10a. USUAL OCCUPATION (Give kind of work done during post of working life, even if refired)	KIND OF BUS NESS OR INDUSTR	
	( ) lauffer	suchuz.	Massachusetts_hoty Celano U.S
V	13 FATHER'S NAME	110	, 14. MOTHED MAIDEN NAME
71	Trecerick of some	- Ills	Clara Black
	15. WAS DECEASED EVER IN US ARMED FORCES? 16 [Yas, no, or unknown] (Ifyesgife) verordetesol service	11-8100	INFORMANT Address
	no no	115-16-5180	The arene remoffed
	18. CRUSE OF DEATH [Enter only one ceuse por PART I. DEATH WAS CAUSED BY	line for (e), (b), and (c).]	MYTRYAL BETWEEN ONSET AND DEATH
	IMMEDIATE CAUSE (e)	lyocardial.	Infarction 5 minutes
	4200 DUE TO	1. 1.1.	11.4
Ì	Conditions, if any, which (b)	rteriosclerati	c Heart Disease 2 years.
	(e), steting the underlying DUE TO		
	causa lest. (c)	NTP.BUTING TO DEATH BUT NO	DT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a), 19. WAS ALTOPSY
	PART II, OTHER SIGNIFICANT CONDITIONS CO	THE STATE OF THE STATE OF THE	PERFORMED?  YES NO DE
	E 204 ACCIDENT WAS LINDED VINIG TO 1 206 DE	SCRIRE HOW INJURY OCCURED	C. (Enter neture of injury in Pert Lor Pert II of Jem 18.)
	OR CONTRIBUTING COURSE OF DEATH		,
	20c. TIME OF INJURY Month, Day, Yeer 20d. Hour a.m. Whi		ACE OF INJURY (home, farm, 20f. (City or town) (County) (Stete) tory, street, office bldg., etc.)
	P.m. 19 et wo	10	
	21. I certify that (I) (thiscrosmal) after	nded the deceased from.	2/23, 196/, to
	saw the deceased alive on	819.6/, and that	
	22a. SIGNATURE TO SELECTION OF THE SECOND SE	huer.	ATTENDING MED. STAFF 226. DATE
	Richard I. Hechman	M	A.D. PHYS DIRECTOR PHYS. 49/27/61
	PHYSICIAN'S NAME (Type) Richard I. Hoc	C C mad	100 CathedralSt., Annapolis, Md.
			OR CREMATORY   123d. LOGATION (City-toys) or county) (State)
	REMOVAL (Specify)	Souls Oren	no adauty. No adams mass
	24 FUNERAL DIRECTOR'S SIGNATURE	ABBRESS	256. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
	Bemand a Fruit De	in Burne 7	m & DATSEP 2 8 '61 Cirthur & throng



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### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	9845	CERTITIONIE	OI PLAIII	0983	5
	1. PLACE OF DEATH	* **	2. USUAL RESIDENCE (Where	dacesed lived, If institutions Resident	before edmission)
	Anne Arundel	MARYLAND	e. STATE Maryland	b, county Arine Ar	undel
/	b. CITY OR TOWN (if outside corporate I m.ls,	c. LENGTH OF STAY IN 16		orparate limits, write RURAL and give i	
	write RURAL end give nearest town) Annapolis	2 days	X PIRAL - S	everna Park	
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hosp	0	d. STREET ADDRESS	CVCINE VAIR	. IS RESIDENCE
3	Anne Arundel General Hespita		1 Pt 2 Box	2010	ON A FARM?
	3. NAME OF First	Middle	Rt-2, Box-		Yeer
	DECEASED	Middle	OF		
	deor #e		00011	Depoember 20	3 1961 IF UNDER 24 HRS.
	7, MARRIEL	NEVER MARRIED X	, DATE OF BIRTH	9. AGE (In yeers   IF UNDER 1 YEAR   Months   Days	Hours Min.
	Male   Negre   widowith		April 8, 1918	43 yrs.	
	10a. USUAL OCCUPATION (Give kind of work dona during most of working life, even if retired)	ND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (County & Stete,	or foreign country) 12, CITIZEN O	F WHAT COUNTRY?
	Laborer		Maryland	U.S	S
\	13. FATHER'S NAME		MOTHER'S MAIDEN NAME		
)	Gemal A. Scott- XI		Mary and	ound	
/		SELAT SECURITY NO. 17. I	THAMAROTA	Address	
	[Yas, no, or unkówn] [Ifyesgivewarordatesofservice]	$\mathbf{S}$	elen Ringas	ld 27 marply.	H. Cleen
	18. CAUSE OF DEATH [Enter only one couse per I	ne for (a), ,b , and (c).)	- Tungge	VINT	ERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:			ON	ISET AND DEATH
	IMMEDIATE CAUSE (a)		hu.		00000
	493 X DUE TO	80 4.0	1.1		
	Conditions, if eny, which (b)	The state of the	year	-	-
	(a), slating the undarlying DUETO				
	ceuse last. (c)				
	PART II. OTHER SIGNIFICANT CONDITIONS CON	FRIBLTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEA	SE CONDITION GIVEN IN PART 1(m)	9. WAS AUTOPSY PERFORMED?
	PART II. OTHER SIGNIFICANT CONDITIONS CON	1			YES 🔣 NO 🖸
9	200. ACCIDENT WAS UNDERLYING   20b. DESC OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	R.BE HOW INJURY OCCURED	, (Enter nature of injury in Perf I or Pa	rf II of itam 18.)	
No.	(IF EITHER, NOTIFY MEDICAL EXAMINER)				
	Z 20c. TIME OF INJURY Month, Day, Yeer 20d. I			City or town) (County)	(State)
	20c. FIME OF INJURY Month, Day, Yeer 20d. I Hour e.m., While at work	- 1401 44 11/10	ory, street, office bldg., etc.)		
	21. I certify that (I) (Nikohowitat) attend		Sent. 26 1961	Sent. 28 1067	hat (I) (wa) last
	saw the deceased alive onSept 28	19 O.L., and that	death occurred at	om the causes and on the di	22b. DATE
	22e. SIGNATURE	. !	ATTENDING MED.	STAFF	SIGNED
1	The survey of th	- , M	D. PHYS. X D RECTOR	PHYS.	
	22c. PHYS.CIAN'S NAME (Type)	it.		Ct Annanalia Mi	
,				St., Annapelis, Mo	
	238. BURIAL, CREMATION, 236 DATE THEREOF	23c NAME OF CEMETERY	OR CHMATORY 23d	CATION (City, town or county)	Stere
	Banal 10-4-1961	(anoen	WHILL 19	duine 1)	ayille
	24 FUNERAL DIRECTOR'S SIGNATURE	ADDRES!	25a. REC'D A REC	STRAR 256. REGISTRAR'S SIGNA 61 Orthur & Floor	TURE
	Milliam Keese #UN	wa ona	DATE MEL	COMMIT A. TOM	
- 4					



DIVISION OF STATISTICAL RESEARCH PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission) a. COUNTY b. COUNTY Anne Arundel b. CITY OR TOWN (flouts de corporete limits c. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest lown) e LENGTH OF STAY IN 16 write RURAL and give neerest town) Annapolis Annapolis d. NAME OF HOSPITAL OR INSTITUTION (if not in hosp ta, g ve street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Dead on Arrival YES NO T Anne Arundel General Hospital 2 Maryland 3. NAME OF DATE Middle DECEASED OF (Type or print) DEATH SEITZINGER 19 61 6. COLOR OR RACE T. MARRIED NEVER MARRIED 9. AGE (In yeers IF UNDER 1 YEAR | IF UNDER 24 HRS. lest birthdey) Months Doys Female Whites WIDOWED X DIVORCED 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? physi England 13. FATHER 5 NAME 14. MOTHER'S MAIDEN NAME altending (If yas give war or dates of service) IB. CAUSE OF DEATH [Enter only one couse per line for (e), (b), and (c). I. DEATH WAS CAUSED BY: IMMED. ATE CAUSE (0) DUE TO eriosclandio heart disease Conditions, if any, which gave rise to immediate cause DUE TO (e), sletting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1,0), 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO 4 206. ACCIDENT WAS UNDERLYING \_ 206. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pett I or Pert II of Item 18.)
OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d, INJURY OCCURRED | 20e PLACE OF INJURY (Home, ferm, 20f. (City or lown) (Stele) 20c. TIME OF INJURY Month, Day, Year (County) fectory, street, office bldg., etc.] While Not While Hour e.m. el work et work 21. I certify that (I) (this hospital) attended the deceased from... saw the deceased alive on. ., and that death occured at.........M, from the causes and on the date stated above. 22b. DATE ATTENDING SIGNED AMED. STAFF PHYS. DIRECTOR PHYS. 20/61 remove FUNERAL 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) Hochman Cathedral St. Annapolis Md. director, be filed \ 23d. LOCATION [City, town or county] (Slete CREMATION. 0 25b. REGISTRAR'S SIGNATURE DRECTOR'S SIGNATURE VR A15 (4)



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

after death. Page



ed in by the funeral rages 1 and 2 should hours after death. TO HOSPING OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. If may be retained by the hospital or attending physician.

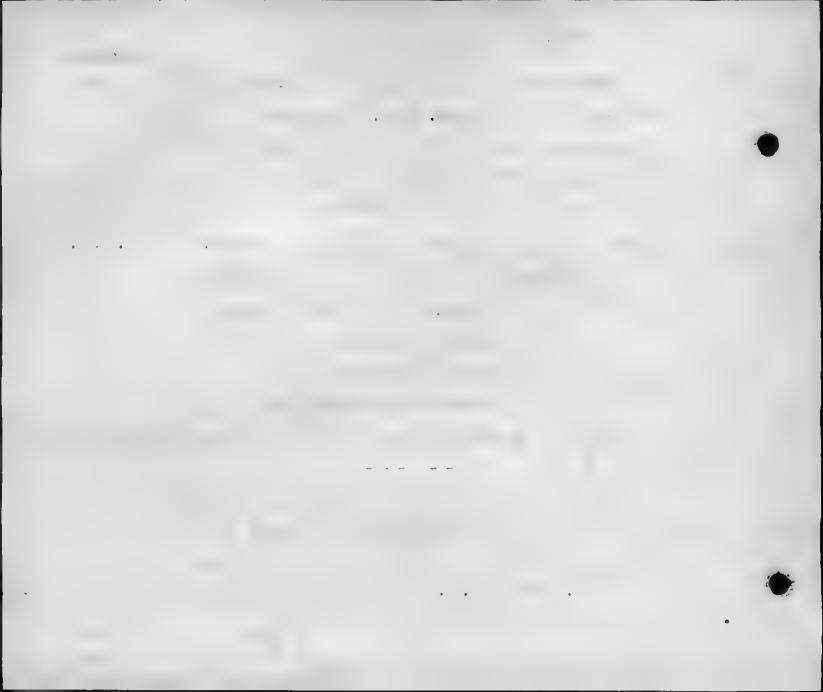
TO FUNEKAL DIRECTOR: After this certificate has been signed by the attending physician and complete. ed in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers rages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. V

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VR A15 (4) 15M **Ⅲ**/60

#### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH AGRZR

a. COUNTY			a. STATE	ICE (Whare deceased lived, if instituting b. COUNTY	TOTAT-RESIDENCE Service admission)				
	nne Arundel	MARYLAND	Maryland Beltimore						
b. CITY OR TOWN (if	foulside corporate limits, give nearest town)	E. LENGTH OF STAY IN 16	c. CITY OR TOWN	If outs de corporate limits, write RURA	L and give nearest town)				
Crownsvi		5 yrs. 13 da.	Baltimor	e					
d. NAME OF HOSPITA	AL OR INSTITUTION (if not in	hospital, give street address)	d. STREET ADDRESS		. IS RESIDENCE				
	lle State Hos		2/27 Ett	ing Street	YES NO				
3 NAME OF	First	Middle	Last	4. DATE Month	Day Year				
DECEASED (Type or print)	Joseph	_		OF					
5. SEX		Henry	Sisco DATE OF BIRTH	7	6 1961				
	6. COLOR OR RACE 7. MAI			last birthday) Mont	DER I YEAR IF UNDER 24 HRS.				
Male			Inknown	907 yrs.	The series   Mills				
done during most of work	ON (Give kind of work 10) king life, even if retired)	. KIND OF BUSINESS OR INDUSTR	Y 11, BIRTHPLACE (Cour	nty & State, or foreign country) 12	. CITIZEN OF WHAT COUNTRY?				
Retired		Unknown		Maryland	U. S. A.				
13. FATHER'S NAME			14. MOTHER'S MAIDEN						
	Unknown			Unknown					
15. WAS DECEASED EVE	R IN J S. ARMED FORCES?	16. SOCIAL SECUR TY NO. 17. I	NFORMANT	Address					
NO NO	yesg:vewarordatesofsarvice)	1743	T	3					
	EATH (Enter only one cause r	Unknown  eer line for (a), (b), and (c) (	Hospital H	kecords	INTERVAL BETWEEN				
PART I. DEATH	PART I DEATH WAS CALIFED BY. ONSET AND DEATH								
L 1.	IMMEDIATE CAUSE (a) Hypostatic pneumonia								
	DUE TO								
Conditions, if any,	which (b)	Cardia decompens	ation						
(a), stating the un-	20112.20								
cause last	(c)	Arteriosclerotic	heart disea	ase					
PART II OTHER	SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMS	NAL DISEASE CONDITION GIVEN IN					
E Chron	ic Brain Synda	ome Associated w	rith Cerebral	Arteriosclemeie	PERFORMED?				
# 20a, ACC DENT WA	Chronic Brain Syndrome Associated with Cerebral Arteriosclerosis YES NO 1  20a. ACC DENT WAS UNDERLYING L 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part II of item 18)  OR CONTRIBUTING CAUSE OF DEATH								
U (IF EITHER, NOTIFY /	MEDICAL EXAMINER),								
S 20c. TIME OF INJUR	Y Month, Day, Year 20	d. INJURY OCCURRED   20e. PLA	CE OF INJURY (Home, farm	n. 201. (City or town)	(County) (State)				
WE STAND THE OF INJURY Hour a.m.	W	hileNot While facto	ory, street, office bldg., etc		(powert)) (pidia)				
	17	work al work	0.102						
21. I certify th			8/25	1956, 109/6	1901, that (I) (we) last				
saw the decease	saw the deceased alive on								
22a, SIGNATURE	1/1	6.1	ATTENDING	MED. STAFF	22b. DATE SIGNED				
	Willest	M.	nature .	DIRECTOR PHYS. []	9/6/61				
22c. PHYSICIAN 5 NAME (Type)	7		22d. ADDRESS	=					
Mart (13be)	L. Benedict	, M. D.	Crownsvil	le State Hospital	, Crownsville, Md				
23a. BURIAL, CREMATIO	ON, 236. DATE HEREOF	1230 NAME OF CEMETERY, C		23d. LOCATION (City, fown or c					
REMOVAL» (Specify)	9/9/6	1 111 - Olaskon	acer	1-122/-/	6.6.				
24 FUNERAL DIRECTOR'S	S. SIGNATURE	ADDRESS*	, 25a. REG	D BY REGISTRAR   256. REGISTRA	R'S SIGNATURE				
Hall M	12 11	1171/4 1//	FRIO DATE S		1 2. Krack				
1400 conge	Jamina Har	141631/2114/2	DATE OF	HI O UI CUUM	1 A. Thates				



MARYLAND STATE DEPARTMENT OF HEALTH

dence bafora admission)

a. IS RES.DENCE

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Hours

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED?

NO TE

(51a1a)

27b. DATE

SIGNED

ON A FARM? YES THE NO

Worcester

13

Days

U.S.A.

(County)

. L + L ,

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If insti e. COUNTY b. COUNTY Anne Arundel Anne Arundel MARYLAND b. CITY OR TOWN ( f outside corporate limits, c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) LENGTH OF STAY IN 16 write RURAL and give neerest town) Annapolis RURAL - Arnold 40 minutes d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE Anne Arundel General Hospital YES NO Box-1 NAME OF DATE DECEASED OF (Type or print) DEATH Baby SMIT 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 8. DATE OF BIRTH IF UNDER 24 HRS. AGE (In years | IF UNDER 1 YEAR; est birthdey) Months Hours Male White WIDOWED [ DIVORCED Sept. 1, 10a. USUAL OCCUPATION (Give kind of work 1Db, KIND OF BUSINESS OR INDUSTRY, 11 ERTHP, ACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if relired) U.S. Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Maurice Louis SMIT Catherine "M" Carty 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) | [lives give war or detes of service] Hospital records 18. CAUSE OF DEATH [Entar only one cause per NTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if eny, which gave rise to immediate ceuse DUE TO (e), stating the underlying couse lest. PART II. OTHER SIGNIF, CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(+) 19. WAS ALTOPSY 2Db. DESCRIBE HOW INJURY OCCURED. [Enter nature of injury in Part I or Part I of Iam 18., 2De. ACCIDENT WAS UNDERLYING [1] OR CONTRIBUTING CAUSE OF DEATH 2Dd. NJURY OCCURRED 2De PLACE OF NJJRY (Home, farm, 2Df. [City or fown) 20c. TIME OF INJURY (County) Month, Day, Year fectory, street, office bldg., etc.) While Not While et work at work 21. I certify that (I) (the Company) attended the deceased from. . Sept. 1, ..., 1961, to . Sept. 1, 1961, that (I) (yes) last 19.61, and that death occured at ......M, from the causes and on the date stated above. saw the deceased alive on .. Sept. .. 1; ATTENDING DIRECTOR PHYS PHY5 22c PHYSICIAN 22d. ADDRESS NAME (TIVE) Joseph C. Sheehan Franklin St., Annapolis, Md. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, fown or county)

papers 7 ag withi Q. After this ce may be relaine DIRECTOR: / plnods FUNE ector, filled death. VR A15 (4) 15M 9/60

and deat

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executed

24 SUNERAL DIRECTOR'S SUCHATURE Funeral Home -

23a, BURIAL, CREMATION, 23b. DATE THEREOF

Sept 6, 1961

REMOVAL (Specify)

Hillcrest Cemetery ADDRESS

Amnapolis. Md.

Annapolis, Maryland 258. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE

DATE SEP 8

arthur & Kines

ON A FARM?

PERFORMED? NO DO

(State)

22b. DATE

SIGNED



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The state of the s

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

9852

CERTIFICATE OF DEATH

09841

4		000						:
ı	1. PLACE OF DEATH  e. COUNTY			2. USUAL RESIDE	NCE (Where deces	b. COUNTY	it on: Residence	before esimission)
i	Anne Arundel		MARYLAND	Marylar	nd	Darle teles	0300	
ı	b. City OR TOWN (four write RURAL and give	tside corporete (Im ts,	E LENGTH OF STAY IN 16		(If outside corpore	te fimits, write RJR	Al and give no	erest town)
ı	Crownsville	a uestest toMul	8 mos. 7 days	Baltimo	7770		1/01	-6
ı		OR INSTITUTION (If no	of in hospite, give street eddress)	d. STREET ADDRES			1	a. IS RESIDENCE
٠	Crownsville S	State Hospi	ital	1204 W. Le	exington S	Street		YES NO X
4	3. NAME OF DECEASED	First	Middle	Lesi	4. DATE	Month	Dey	Yeer
ı	(Type or print)	Jeren	niah	Smith	DEATH	9	20	19 61
	5. SEX 6.	COLOR OR RACE 17.	MARRIED NEVER MARRIED 8	. DATE OF BRTH		GE (In years   IF U	NDER I YEAR	
	Male	NT	VIDOWED TO DIVORCED	1885	14	75 yrs. Mor	iths Deys	Hours Min.
1	10a USUAL OCCUPATION done during most of working	(Give kind of work	106. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE ,Co	unty & Stele, or for	e gn country)   1	2. CITIZEN OF	WHAT COUNTRY?
1	Laborer	Alle, even it lented,	***************************************	Mary	land		U.S.	A.
	13. FATHER'S NAME			14. MOTHER'S MAIDE	N NAME	-		
V	Unknown			1	Mary Jan	Savage		
4	15. WAS DECEASED EVER IN (Yes, no, or unknown)   (If yes,	U S. ARMED FORCES	16. SOCIAL SECURITY NO. 17. I	NFORMANT		Address		
	No	2110 Mai Ol Calab Ol 26141	Unknown	Hospital Re	ecords			
1	18. CAUSE OF DEAT	TH [Enter only one ce.	use per line for (e), (b), end (c) ]	•				RVAL BETWEEN
	PART I. DEATH W	AS CAUSED BY: EDIATE CAUSE (a)	Uremia				IONS	ET AND DEATH
	1	DUE TO					-	
	Conditions, Tany w		Dehydration and	Inanition				
	gave rise to immediate o	ceuse						
ı	(e), stelling the under	lying DUE TO	Senility & Hypo	static Pneu	monia.			
		NIFICANT CONDITIO	NS CONTRIBUTING TO DEATH BUT NO		-	NOITION GIVEN II	J PART 1(a)   19	WAS AUTOPSY
ı	Chronic Bra		e associated with					PERFORMED?
ı	200, ACCIDENT WAS		Db. DESCRIBE HOW INJURY OCCURED					S NO 🔀
١	Chronic Bra  200. ACCIDENT WAS CONTRIBUTING TO CITY MEDITING TO CITY MEDIT	AJSE OF DEATH	THE PERSON NOT THE PE		., , , , , , , , , , , , , , , , , , ,	No. 10.78 CTO	LOSTR	
	30c. TIME OF INJURY	Month, Day, Year		CE OF INJURY (Home, fe		town)	(County)	(State) ~~
ı	20c. TIME OF INJURY Hour ann p.m.	7 19	at work et work	ory, street, office bldg., s	irc.)			
	21. I certify that	(I)/(this hospital)	attended the deceased from	8/1	, 1947, toS	7/20	, 19 <b>61</b> , th	at (I) (we) last
	saw the deceased	dive on 19/2	20	death occured at	15.M, from the	he causes and	on the dat	e stated above.
	220 SIGNATURE		T. Hatt					22b. DATE
	NU	SUN DANKER	my 1/2/2 M	ATTENDING D, PHYS.	MED. DIRECTOR	PHYS.		9/20/61 NED
	22c. PHYSIDIAN'S		1 1	22d. ADDRESS			mentalment tradition (1	
	NAME (Type)	Lionel McH	enry Mapp, M. D.	Crown	sville Si	tate Hosp	ital, M	aryland
	23a. BURIAL, CREMATION.	236 DATE THEREO	F NAME OF CEMETERY			ON (City, town or		(State)
	DELLES (Spokily)	9/26/6	my carba	weren.	Ball	imore (	illy	
	24 FUNERAL DIRECTOR'S	IGNATURE /	ADDRESS I A	25a. R	REC'D BY REGISTRA	R 256. REGISTR	AR'S SIGNATI	RE
	F. dell	stema	7/82 runt	W Compate	SEP 2.5	61 0	atling & f	Kana .

TO HOSP AL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. If the may be retained by the lospital or attending physicial and complete lines of the strain of the stra 15M 9/60

E 3

SM 9/55

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4	-
-/	1
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE,	18
9853 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
	Reg. Dist. No.

1.	PLACE OF DEATH				2. USUAL RESIDEN		sed lived. If institu	tion: Residence to	application)
⊢		undel		MARYLAND	° Maryla	nd	ann	Arundel	
	b. CITY OR TOWN (III of and give necres) lown) Annapoli	arhida corporate limits, w	He RURAL	e. LENGTH OF STAY IN 16	II \	/N (If autside cor	porate limits, write	RURAL and give n	parest town)
L					/ RFD_		apolis		
			•	pital, give street address)	d. STREET ADDR				e. IS RESIDENCE ON A FARM?
L		arundel	ionera	1 Hospital	St. Mar	garets			YES NO
	NAME OF DECEASED		int	Middle	Last	4. DATE	Month	n Doy	Year
_	(Type or print)	LOUI		SPOERL		DEATH	Septer		19 61
	SEX	6. COLOR OR RACI		ED NEVER MARRIED 8			9. AGE (In years fast birthday)	Months Days	IF UNDER 24 HRS.
	Female	White	WIDOWE			1889	71 yn.	months   Days	Hours Min.
100	<ul> <li>USUAL OCCUPATION</li> <li>during most of working</li> </ul>	N (Give kind of world life, even if retired	done 105. 1	IND OF BUSINESS OR INDUST	RY 11. SIRTHPLACE (	State ar foreign o	country)	12. CITIZEN OF	WHAT COUNTRY?
-		Wife	OW!	n home	St. Ma	ry's Cou	inty Md.	USA	
13.	FATHER'S NAME				14. MOTHER'S MAID	EN NAME			
		ter Hayden			Mary G.	augh			
15. (Ya	WAS DECEASED EVE	R IN U. S. ARMED FI	ORCES? 16.	SOCIAL SECURITY NO. 17. II	IFORMANT		Address		
L	RO	BO	09	94 10 4578 🕩 1	frs Kathle	en Lawlo	r- Sister	- same a	8#2
	18. CAUSE OF DEATH		suse per line		7 12.				VAL BETWEER T AND DEATH
	PART I. DEATH	I WAS CAUSED BY: MMEDIATE CAUSE (I	o)		adle	X.		/ Xee	Man
	1174,4	DUE TO						30	
	Conditions, if on		)						
	gave rise to immedi (o), stating the ur	ate cause (				•			
	couse lost.								
Z	PART II. OTHE	R SIGNIFICANT CO	NOITIONS CO	INTRIBUTING TO DEATH BUT N	OT RELATED TO THE T	TERMINAL DISEAS	E CONDITION GIV	EN IN PART 1(a) 19	WAS AUTOPSY
CHRIMICATION								1	PERFORMED?
TIME	200. EXTERNAL CAUS	E WAS	Ob. DESCRIBE	HOW INJURY OCCURRED. (E	nter nature of injury in	n Part I or Port II	of item 18.)		
Ş.	CAUSE OF DEATH.	INIBOTING L							
EDICAL	20c. TIME OF INJURY	Month, Day, Ye	ar 20d. I	NJURY OCCURRED 20a. PLA	CE OF INJURY (Home,	form, 20f. (City	y or town)	(County)	(State)
ED	Hawr a.m. p. m.	75	While of wo		ory, street, office bldg.	., efc.)			
	21. I certify the	t A took share		amenos described abo	ve. held on Aut	onsy 🗆 I	nspection [4]	Inquiry 🖂	and find that
	death resulted		cooses [				ndetermined c		, and find snot
	South Control of the				ide [], Home	cide [], o	naciei minea c	dose .	
	ACTUAL /	u (E) (1. Year) (A)			CHIEF MEDIC	AL EXAMINER	1	1	DATE SIGNED
	SIGNATURE		1 see	42/	_m.v.	EDIÇAL EXAMINE	•	// 1	./.
	EXAMINER'S E	mer G. Li	nhardt			CAL EXAMINER E	_	Neigh!	7/6/
220	BURIAL CREMATION			22c. NAME OF CEMETERY OR			TION (City, tawn, o	or couply)	(State)
	REMOVAL (Specify)	Sept 11.		Arlington Nat				V.	()
23.	FUNERAL DIRECTOR'S		1,01	ADDRESS		REC'D BY REGIST	TRAR 246. REGIS	TRAR'S SIGNATUR	Ē
1	- 7	1-100	An	nanolia Memul	and DAT	SEP 11'	61 CL	ulus S. the	A.A.



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## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

9854 CERTIFICATE OF DEATH

00040

			424
j	1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, if institution.	Kestdence before admission)
/	Anne Arundel Maryland	e. STATE Maryland b. COUNTY An	ne Arundel
	b. CITY OR TOWN (if outs de corporate limits, c. LENGTH OF STAY IN 18		
	write RURAL and give necrest town)		74 3110 110 110 110 110 110 110
	Annapolis 2 hrs.	RURAL - Crownsville	
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hosp ta, g ve street eddress)	d STREET ADDRESS	IS RESIDENCE     ON A FARM?
	Anne Arundel General Hospital	1 #	YES NO NO
	3. NAME OF First Middle	Last 4. DATE Month	Dey Year
	DECEASED (Type or print) Therein	CONTONEY DEATH CONT	0 10 /3
	TrvIII Oarl	PIELMET Sebe*	9 19 61
	5 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BRTH 9. AGE (In yeers lest birthday) Months	1 YEAR   IF UNDER 24 HRS.
	Male   Negre   WIDOWED   DIVORCED	Sept. 9, 1961	1 55
	10a. USUAL OCCUPATION (G ve kind of work 10b. KIND OF BUSINESS OR INDUS		TIZEN OF WHAT COUNTRY?
	done during most of working life, even if retired)	Marriland	II C
	13. FATHER'S NAME	Maryland  14. MOTHER'S MAIDEN NAME	U.S
1	Y 1 TY C1		
}	John Henry Stepney	Shirley Geraldine Williamson	ı
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) (Ifyes give war or detes of service)	. INFORMANT Address	
	- IA	Hospital records	
	18. CAUSE OF DEATH (Enter only one cause per le e for (a,, ,b), and (a).]		ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)		ONSEI AND DEATH
	16X DUE TO	1	
	Conditions, if any, which (b)		
	(a), steting the underlying DUE TO		
	ceuse last. (c)		
	PART II. OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PA	
	OIL		YES NO X
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT I	IED. (Enter netura of 'njury in Pert I or Part II of Item 18.)	110 11 110 12
	OR CONTRIBUTING CAUSE OF DEATH	and the second of the second of the second of	
	4	*LACE OF INJURY (Home, ferm, 20f. (City or town) (Co ectory, street, office bldg., etc.)	ounty) (Stete)
	Hour a.m.   While Not While   Pom.   At work   at work	, , , , , , , , , , , , , , , , , , , ,	
	21. I certify that (I) (this thought) attended the deceased from	Sept. 9. 19 61 to Sept. 9 10	61 that (I) (3/3/6 last
	saw the deceased alive on Sept 9, 19 61 and the	A 1,5 PM	22b. DATE
	227 SIGNATULE A	ATTENDING MED. STAFF	SIGNED
	1 15 b. 12-varonu	M.D. PHYS. XX DIRECTOR PHYS.	
	22c. PHYSMIAN'S NAME (Type)	22d. ADDRESS	
į	Dr. R. L. Richardson	110 Clay St., Annapolis, Md	A
	230 BURIAL, GREMATION, 236. DATE THEREOF , 23c. NAME OF CEMETER		
	REMOVAL (Specify)	memorial Hamby	eller mil.
	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	A 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S	SIGNATURE
	TA PONCENTE WIRECTON'S SIGNATURE		
	Of William Fallste 11 - Unne	1. Mar DATESEP 20'61 Culling &	Thomas



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MARYLAND STATE DEPARTMENT OF HEALTH

	MARIENNO DINIE DE	CARLINGE OF F	
<b>DIVISION OF STATISTICAL</b>	RESEARCH AND RECORDS,	301 W. PRESTON S	TREET, BALTIMORE 1, MARYLAND
0 A m - 1	CEDTIEICATI	OF DEATH	

-1	9855	CHAIIICAIL	OI DEATH	09844
١	1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where decea	
ı	Anne Arundel	MARYLAND	a. STATE Maryland	Anne Arundel
ı	b. CITY OR TOWN (if outside corporate limits,	LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate	imits, write RURAL and give nearest town)
1	write RURAL and give nearest town) Annapolis	16 hrs.	RURAL - Crow	msville
I	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite		d STREET ADDRESS	a. IS RESIDENCE
١	Anne Arundel General Hospita	7		ON A FARM?
	3. NAME OF First	Middle	Last 4. DATE	Month Day Year
ı	(Type or print) Trwin	Karl	STEPNEY DEATH	Sept. 10 19 61
	5. SEX 6. COLOR OR RACE 7 MARRIED		DATE OF SIRTH 9. A	GE (In years   IF UNDER 1 YEAR IF UNDER 24 HRS
	Male Negro WIDOWED		Sept. 9, 1961	yrs.   Days Hours   Min.
	10a. USUAL OCCUPATION (Give kind of work 10b. KIND	OF BUSINESS OR INDUSTRI	Y 11 8 RTHPLACE (County & State, or fore	
	done during most of working life, even if retired)		Marvland	U.S.
	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
V	Jehn Henry Stepeny		Shirley Geraldine W	illiamson
1	15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SO	CIAL SECURITY NO. 17. II	NFORMANT	Address
	[Yes, no, or unkown] [(Ifyesgivewarordatesofservice)	1	Hespital records	
1	18. CAUSE OF DEATH [Enter only one cause per line		*	INTERVAL SETWEEN ONSET AND DEATH
	PART I DEATH WAS CAUSED BY-	10th John	1	
1	776X DUE TO		1	
1	Conditions, if any, which (b)		V	
1	gava rise to immediate cause (a), stating the underlying DUE TO			
ı	cause last.			
ı	PART II. OTHER SIGNIFICANT CONDITIONS CONTR	BUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL D SEASE CON	EDIT ON GIVEN N PART 1(a) 19. WAS AUTOPSY PERFORMED?
	NIA CONTRACTOR OF THE CONTRACT			YES NO KOK
1	PART II, OTHER SIGNIFICANT CONDITIONS CONTR	BE HOW INJURY OCCURED.	(Enter nature of Injury in Part I or Part II of	tem 18,)
	G .		CE OF INJURY (Home, farm, 20f. (C'ty or pry, street, office bldg , etc.)	town) (County) (State)
1	Hour a.m. While p.m. 19 at work	Not White tacks	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
-	21. I certify that (I) (this toggistic) allender	d the deceased from.	Sept. 9, 1961. 10 .S	ept10, 19.61, that (I) (wed last
	saw the deceased alive on Sept10	19.61 , and that	death occured at M, from It	e causes and on the date stated above
ř	270 SIGNATUE	¥796, de	ATTENDING MED.	22b. DATE STAFF SIGNED
i	Rai Vulvancian	M	D PHYS. A DIRECTOR	РНҮ5.
	22c PHYSICIAN 5 NAME (Type)		22d. ADDRESS	
	Dr. R. L. Richar	rea .	110 Clay St., Ann	
	23a, BUR AL, CREMATION, 23b DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY , 23d. LOCATIO	ON (City fown or county) (State)
	Dury 19-12-61	1 horal	a maria Va	nganor Mita
	24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	Saal	256, REGISTRAR'S SIGNATURE
	Julian Plate	11 me Charles	1742 DATE SEP 2 0'61	Chilling & Florid
	· · · · · · · · · · · · · · · · · · ·			



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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

OOCOLO

OO 9856

COOAE

1. PLACE OF DEATH  s. COUNTY	2. USUAL RESIDENCE (Where decessed lived, if institution; K	estuence before admission)
Anne Arundel MARYLAND		Arundel
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL end give nearest town)	c. CITY OR IOWN (If outside corporate limits, wr'ta RURAL and	giva nasrest town)
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	RURAL - Annapolis	e. IS RESIDENCE ON A FARM?
Anne Arundel General Hospital	85 Bay Drive, Bay Ridge	YES NO
3. NAME OF First Middle DECEASED (Type or punt)	iast 4. DATE Month OF DEATH	Day Year
Aline	B. DATE OF BRITH  9. AGE (In years IF UNDER )	
Female   White   WIDOWED   DIVORCED	May 23, 1891 70 yrs.	Peys Hours Min.
dene during most of working life, even if refired)  PUBLIC SCHOO		ZEN OF WHAT COUNTRY
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	U.S
15. WAS DECEASED EVER IN U.S. ARMED FORCES 16. SOCIAL SECURITY NO. 17.	HMELIA SIEGERT	AL
(Yas, no, or unkown) (Ifyesgive werordalesofser (ce)	RS BERT HALTERMAN	#2
1B. CAUSE OF DEATH [Enter only one cause per line for (e,, (b), end (c).]	10 13211 1111-1111	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	eumonel	24 hours
194× DUE TO	1 1	1
Conditions, if any, which (b)	samona c metastases	4400
(a), stelling the underlying DUE TO		· ·
cause lest. [c] PART I. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT DEL ATED TO THE TERMINAL DISEASE COMPITION CIVEN IN BART	1/a) 19 WAS ALTORSY
PART I. OTHER SIGNIF CAN'T CONDITIONS CONTRIBUTING TO DEATH BUT NO	O) KEEN ED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	PERFORMED?
Land   Chyperter in in the Chyperter   2Da. ACCIDENT WAS UNDERLYING   2Db. DESCRIBE HOW INJURY OCCURE	October galves of inverse in Part Los Part II of Jan 18	YES NO
PART I. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	The lates of the first to ten it of the to.	
U I	ACE OF (NJURY (Home, ferm, ' 20f. (City or town) (Courtory, street, office bldg., etc.)	nty) (Stella)
Hour a.m.  p.m.  19   While   Not While   rec	}	
21. I certify that (I) (DOCAGNIC) attended the deceased from.	Sept. 5,196	1. that (1) (N2K) las
saw the deceased alive on Sept. 5, 1961, and that	t death occured atM, from the causes and on ti	he date stated above
220. SIGNATURE General Church	ATTENDING 3.15 PM STAFF DIRECTOR PHYS.	22b. DATE SIGNED
22c. PHYSICIAN'S NAME (Type) B. J. ARD CHARLE	22d. ADDRESS	~
	OR CREMATORY   23p-location (City, town, or county	
BURNAL (Security) 9-8-1961 Coday B	luff Cem. annapolis	Md.
24 SUMERAL PIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 256. REGISTRAR'S S	
1 Colon 1 Taylor Jone Guns	ali Mc DATE DATE OF 8 6! arthur	A. Through



* 0.0	7	L	3857 CERTIFICATE OF DEATH	Pist. No.
Poge 4		1.	PLACE OF DEATH a. COUNTY  MARYLAND  2 USUAL RESIDENCE (Where deceased lived. If institution: Relid b. COUNTY  MARYLAND	din ssion)
funeral ruld be	M)		b. CITY OR TOWN If autside corporate limits, write RURAL and RURAL and give nearest town)  C. LENGTH OF STAY IN 1b  C. CITY OR TOWN (if autside corporate limits, write RURAL and RURAL an	give nearest tawn)
by the	X		d NAME OF HÖSPITÄL (If not in hospital, give street address) OR INSTITUTION  d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO
in 24 h filled ges 1		3.	NAME OF DECEASED (Type or print) William Swinburn 4. DATE OF DEATH 9-22-	. 196 ! 19
ed with pletely ers. Po.			Made White WIDOWED   DIVORCED   8-28-1878 83 yrs. Months	R I YEAR IF UNDER 24 HRS Doys Hours Min
execution on pope death.		L	STOPEKEERER - ENGLAND	USA COUNTRY
cate be sician ar ve carbo ars after	(1)		CUILIAM SWINDURN ELIZABETH ARM	STRUNE
h certifica ling physic r remove		15 (Y)	WAS DECEASED EVER IN U. S. ARMED FÖRCES?  16. SOCIAL SECURITY NO. 17. INFORMANT  17. INFORMANT  18. TO INFORMANT  19. TO	MA deside
he deat attend en Hem nt within			18. CAUSE OF DEATH [Enter only one couse per line for (o). (b). ond (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  Corobral Wurmboass	INTERVAL BETWEEN ONSET/AND DEATH
s that the deby the mit. The say ever			Conditions, if any, which) whether alived arterior Cerosic	years
require ian. in signe nsit per			gove rise to immediate cause (a), stating the <u>under-lying cause last.</u> DUE TO  (c)	
The law ng physic e has bee burial-tra	۲.۷	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PA	RT 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
CIAN: Hending Historie is the bu		IL CERTIFI	206. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 1B.)  OR CONTRIBUTING CAUSE OF DEATH.  (IF EITHER, NOTIFY MEDICAL EXAMINER)	
PHYSIA to a a a this cer or use a remation		MEDICAL	20c TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a.m.  p. m. 19 Of work of work of work	(County) (State)
NDING to haspi to After sched fo verial, c			21. I certify that I attended the deceased from Jan. 1960, to Coff. 22, 1961, that I alive on 1961, 1961, and thou death occurred at 10 AM, from the couses and on	last saw the deceased
OR ATTE ned by the DIRECTOR Id be dete prior to b			ACTUAL SIGNATURE MULDER TE Amith MD. Shady Side Md.	9/24/6/
shoul stror	1	L	PHYSICIAN'S NAME (Type)	
May be D FUNE page 3		220	PRINTIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, Town, of county)  SEPT 25/96 OUNKER  GALESOILE	(Stote)
VS A15 (4) 15M 9/55	`	23.	FUNERAL DIRECTOR'S SIGNATURE  ADDRESS	GNATURE § 4. ACLE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



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## TATE DEPARTMENT OF HEALTH PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if institution was properly or edmission) a. COUNTY MARYLAND Maryland Anne Arundel b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. C.TY OR TOWN (If outside corporate I mils, write RURAL and give neerest town) write RURAL and give neerast town? Few instants. Baltimore Linthicum dire d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS 3. Name of Baltimore-Washington E. Dressway 2008 Penrose Ave. 4. DATE DECEASED OP (Type or print DEATH Frances Thomas 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED Sept.23rd. 8. DATE OF BIRTH 19. AGE (In years | IF JNDER I YEAR) last birthday) Months WIDOWED [ 10a, USBAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OF INDUSTRY dong during most of working life, even if retired) HLUSE pages 13. FATHER'S NAME E e (Yes, no. or unknwn). (If vasqive wazordatesofservice wirh 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: Fracture of Skull. Fractures of both legs IMMEDIATE CAUSE (a) Office a **DUE TO** burial Conditions, if any, which and multiple deep lacerations. geve rise to immediate cause DUE TO (a), steting the underlying 35 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY Medical should be 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of Itam 18.) PRIMARY TI OF CONTRIBUTING age 3 sh to burial CAUSE OF DEATH. Automobi e accident. 20d, INJURY OCCURRED w20e, PLACE OF INJURY (Home, farm, 20f, (City or town) Month, Day, Year factory, street, office bldg., etc.) at work at work Balt.-Washington Expressway, Linthicum, A.A. Md. 2). I certify that I look charge of the remains described above, held an Autopsy . Inspection ... Inquiry X, 0 Accident T Suicide Undetermined manner death resulted from: Natural causes Homicide CHIEF MEDICAL EXAMINER lease execute the tshould be forward burneral Dillease Dillease its designated ACTUAL ASSISTANT MEDICAL EXAMINER 79/24/61 SIGNATURE EXAMINER'S Glen Burnie . Md. Gustave H. Faubert, M.D. NAME (Type) Address (Street, city, town, or county)

308 N. MONTOC DATE SEP 2 6 '61

IS RESIDENCE ON A FARM?

YES TO NO DE

1967

IF UNDER 24 HRS.

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN Sudden

PERFORMED?

(County)

Cotting & Thous

NO TAK

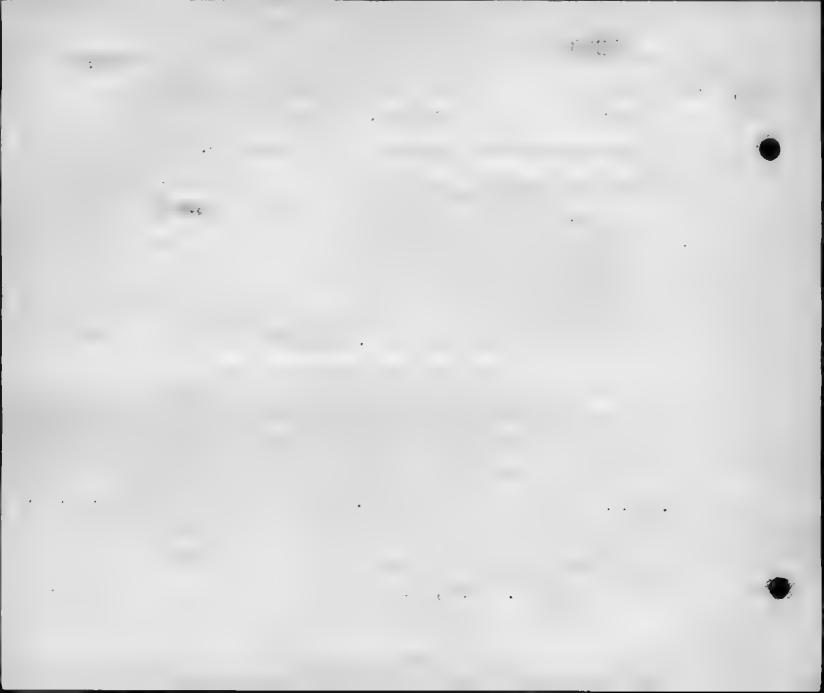
(State)

and in my opinion

DATE SIGNED

VS. A1SME

240 g



**VR A15 (4)** 15M 9/60

## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 9860

CERTIFICATE OF DEATH

1.	PLACE OF DEATH a. COUNTY		IE (Where deceased	I ved, it institution	adm ssign)			
	Anne Arundel MARYLAND	*. STATE Maryland		Baltimo	re City			
-	b CITY OR TOWN (if outs de corporate limits c. LENGTH OF STAY IN 1b write RJRAL and give nearest town)  years	c. CITY OF TOWN (II						
-	Crownsville 6mos. 18 days	Baltimor		3	レビナー・ナ			
	d. NAME OF HOSPITAL OR INSTITUTION (I not in hospital, give street address	d STREET ADDRESS		. ~~	a. IS RESIDENCE ON A FARM?			
	Crownsville State Hospital	613 Cher	aton Road		YES NO			
3.	NAME OF Frst Middle DECEASED	Last	4 DATE OF	Month	Dey Yeer			
	(Type or print) Mary Etta	Thomas	DEATH	9	7 19 61			
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B	, DATE OF BIRTH		(In years   IF UNDER	1 YEAR   IF UNDER 24 HRS.			
	Female Negro widowed Divorced I	March 28, 190	7 54	yrs.   Months	Days Hours Min.			
10 d	e. LOUAL OCCUPATION (Give kind of work one during most of working life, even if retired)	Y 11 B RTHPLACE (Count	y & State or foreign	country) 12, CIT	TIZEN OF WHAT COUNTRY			
1	Domestic	Maryland			U.S.A.			
13	. FATHER'S NAME	14. MOTHER'S MAIDEN	NAME	_				
	Charles Smith	Sadie Wh	ite					
15	WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. 1	NFORMANT		Address	. 4844			
1,	Unknown Hos	spital Record	ls - Crown	sville Sta	ate Hospital,			
	18. CAUSE OF DEATH [Enter only one cause per line for (a , (b) and (c).]	_	,		INTERVAL BETWEEN			
	PART I. DEATH WAS CAUSED BY: Harmonton mitto Condi	o-Vasoular Di	20220		ONSET AND DEATH			
	460	0-10000101 Di			-			
	DUE TO							
	Cond ns, if any, which (b)							
	(a), stating the underlying DUE TO							
П	couse lest. (c)							
Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(+) 19. WAS AJIOPSY PERFORMED?							
AH	Diabetes Mell	itus			YES 🔂 NO 🗍			
CERTIFICATION	206. ACCIDENT WAS UNDERLYING 206 DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING 2 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	(Enter nature of 'n ury in P	ent⊺orPent II of item	n 1B.)				
		CT OF INITIAL CO.	, 20f. (City or tow		unity) (State)			
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA Hour a.m. While Not Whila fect	ary, street, off ce bidg , etc.		m) (CO)	711(A) (219.0)			
X	p.m. 19 et work at work							
	21. I certify that (I) (this hospital) attended the deceased from.	6/15	19 <b>38</b> , 10 <b>9./</b> .	. <b>7</b> , 19	<b>61</b> , that (I) (we) las			
	saw the deceased ally on 9/7	death occured at	M, from the	causes and on	the date stated above			
	228. SIGNATURE		T. T.		ZZD. UAIE			
	1/ Musell 2		TRECTOR TO PHY		9/8/61 GNED			
$\mathbf{I}$	22c. PHYSIC AN'S	22d ADDRESS			S-X - X			
	NAME (Type)  L. Benedict. M. D. Crownsville State Hospital, Maryland							
2	ID. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY			(City, fown or count				
1	REMOVAL (Specify)	Ary Cem.	Brook	7.10	Ad.			
1	301.03			256 REGISTRAR'S	SIGNATURE			
24	FUNERAL DIRECTOR'S SIGNATURE PAR ADDRESS	1 /						
	C. O. W. Near 0 1000 12 CANG	BUY ALL DATE EP	1 4 81	Carling 2	Pinalka			

To the second

MEDICAL EXAMINER'S CERTIFICATE OF DEATH crematian, necessary, please exector. Page 4 shauld by Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Raid and Organ diffusion) o. COUNTY O. STATE b. COUNTY MARYLAND fould in b. CITY OR TOWN (If outside corporate lemits, write RUBAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) RURAL - PROJEN-ON-SEVERN d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? DUDOR YES TO NOW NAME OF 4. DATE OF DEATH First Month DECEASED Year (Type or print) any יש SN 215 19 far 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. Months Days Hours Min. WIDOWED [ DIVORCED | yrs. 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY Agring most graytking fito, even if petited) 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Č1 pe pup 13. FATHER'S NAME ADE! 14. MOTHER'S MAIDEN NAME pages NO. Page 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address File Give ES 18. CAUSE OF DEATH [Enter only one cause per line for (p), (b), and (c). MTERVAL BETWEEN ONSET AND GEATH PART I. DEATH WAS CAUSED BY: Form IMMEDIATE CAUSE (a) **DUE TO** Conditions, if ony, which along gave rise to immediate couse **DUE TO** (o), stoting the underlying couse lost. pending in PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? CERTIFICA NO 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Port Al of item 18.) PRIMARY TO OF CONTRIBUTING TO CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 201. INJURY OCCURRED 20e. PLACE OF THOURY (Home, form, 120f. (City or town) (County) (State) factory, street, affice bidg., etc.) ( o. m. Nat while: of work of work writing the 21. I certify that stook charge of the remains described above, held an Autopsy Inspection 12 Inquiry ! . and find that deoth resulted from: Notural causes Accident . Suicide . Homicide . Undetermined cause **ACTUAL** DATE SIGNED CHIEF MEDICAL EXAMINER ø SIGNATURE ASSISTANT MEDICAL EXAMINER **EXAMINER'S** NAME (Type) DEPUTY MEDICAL EXAMINER ¥.ID BURIAL, CREMATION, 1226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d\_LOZATION (City, town, or county) REMOVAL (Specify 0 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24g. REC'D BY REGISTRAR 26. REGISTRAR'S SIGNATURE VS. ATSME(S) 5M 9/55

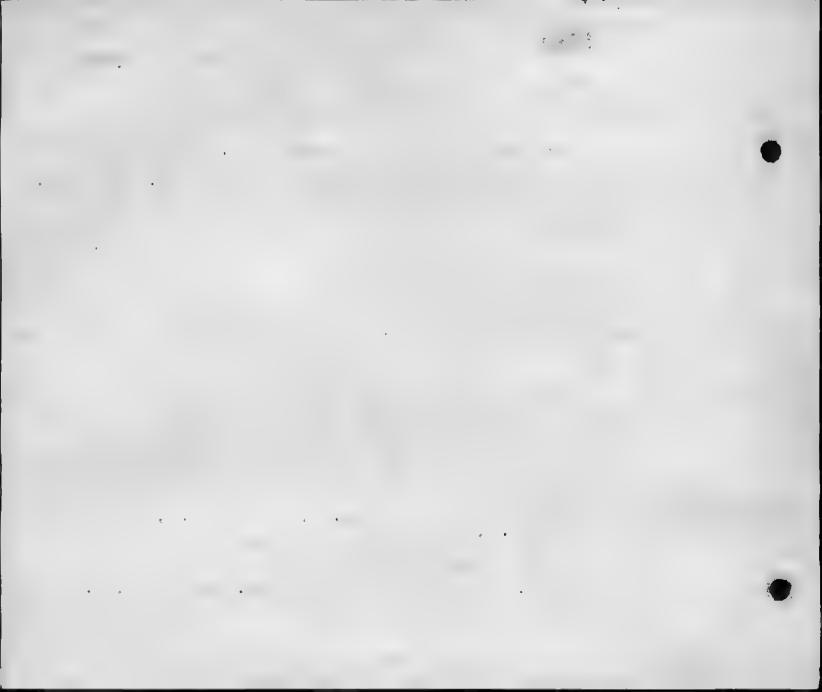
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



DATE SIGNED

within 24 hours after



## ARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEAR W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institutions a. COUNTY a. STATE Anne Arundel Maryland Anne Arundel MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) RURAL - Annapolis Annapolis d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give straat address) d. STREET ADDRESS Willow Road, Weens Creek eneral Hesnital Anne Arundel 3. NAME OF 4. DATE Middla DECEASED OF (Typa or print) DEATH WAGNER Frank Sept. 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED AGE (In years | IF UNDER 1 YEAR 8. DATE OF BIRTH last birthday) Months WIDOWED DIVORCED Male May 10. 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? working life even if retired) CHI Maryland 14. MOTHER'S MAIDEN NAME (Yes, no, or unkown) ((Ifyasgivawarordatesofservica) 18. CAUSE OF DEATH [Enter only ona causa per lina for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: Menn:a IMMEDIATE CAUSE (a) DUE TO grapemon i arter endantre land over lan disease Conditions, if any, which gava rise to immediate cause DUE TO (a), stating the underlying causa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY morried Db. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING T OR CONTRIBUTING CAUSE OF DEATH 2Dd. INJURY OCCURRED | 20e. PLACE OF INJURY (Horse, farm, 1 2Df. (City or town) (County) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., atc.) Not While While Hour a.m. at work at work 5:32 PM 22a. SIGNATURE ATTENDING MED. DIRECTOR PHYS. PHYS. M.D. 22d. ADDRESS 22c. PHYSICIAN'S

directed be file VR A15 (4) 15M 9/60

by the and 2 death.

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physician

certificate

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OF

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please affending

MYAYLORISONS AN

Dr. Samuel Borssuck

NAME (Type)

23a. BURIAL, CREMATION,

MAME OF CEMETERY OR CREMATORY

Amos Garrett Blvd. Annapolis.

(State)

. IS RESIDENCE ON A FARM? YES NO XX

19 61

IF UNDER 24 HRS.

Hours

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED?

NO

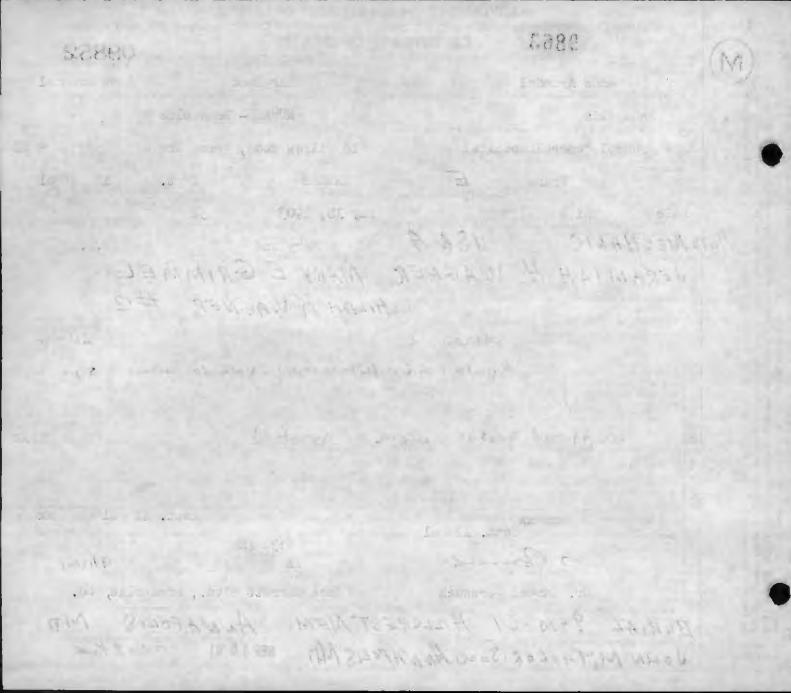
(State)

22b. DATE

SIGNED

U.S.

25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE



AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE AL EXAMINER'S CERTIFICATE PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution . COUNTY Hwalth, director, Page e. STATE b. COUNTY is necessary files. MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) for your write RURAL and give nearest fown) URA d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS death 3. NAME OF Middle DATE Month DECEASED OF with the and 3 to the (Type or print) DEATH aflor W 5. SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years | IF UNDER I YEAR NEVER MARRIED 2 with ours a last birthdey) WIDOWED DIVORCED DE IT MEDICAL EXAMINER. This certificate should be executed within 24 hours after assective the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, a should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 should be used as a burial-transit permit, File pages 7 and its designated agant, prior to burial, cremition, or removal, and in any event within 72 hours. 10a, USUAL OCCUPATION (Give kind of work 106\_KIND OF BUSINESS OR INDUSTRY foreign country done during indst of working life, even if retired) TUDE 13. FATHER'S MAME 14. MOTHER'S M. N NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO or unkown) ( (fives give wer or dates of service) 18. CAUSE OP DEATH [Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** Conditions, if any, which (b) gave rise to immediate cause DUE TO (e), stating the underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19, WAS AUTOPSY CERTIFICATION 20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury In Pert I or Pert II of item 18.) PRIMARY DE OF CONTRIBUTING 200, PLACE OF INJURY (Home, ferm. 20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20f. (City or lown) fectory, street, office blug., etc.) While Not While WEDI el work at work 21. I certify that I took charge of the remains described above held an Autopsy Inspection Inquiry death resulted from Accident L Suicide Homicide Undetermined manner Natural causes CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S plnods NAME (Type) Address (Street, city, town, or county) 22a. BURIAL, CREMATION. 22c NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or country) REMOVAL (Specify) D40 FUNERAL DIRECTOR 24s. REC'D BY REGISTRAR VS. A15ME Chiller S. House DATEOCT 3 5M 7/59

AND STATE DEPARTMENT OF HEALTH

9853 admission)

e. IS RESIDENCE ON A FARM? YES NO SK

1961

Min.

IF UNDER 24 HRS.

Hours

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? NO!

> > (State)

and in my opinion

DATE SIGNED

(State

12. CITIZEN OF WHAT COUNTRY?

Year

Ado

Day

Days

(County

Months

TEARLE WEARING TOWARD BURGET to wash applied MASSES TO SECURISE STATE OF THE PARTY OF THE